**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For th	e 2020 calendar year, or tax year beginning and	ending		
В	Check if applicab	C Name of organization		D Employer identif	ication number
	Addre	SECOND AMENDMENT FOUNDATION			
	Name			91-61841	67
	Initial return	No. 1 Control of the	Room/suite	E Telephone numbe	
	Final return	12500 N F 10TH DIACE	Trouting darks	(425)454	
	termir ated			G Gross receipts \$	5,133,327.
	Amen	BELLEVUE, WA 98005		H(a) Is this a group r	eturn
	Applion tion pendi	F Name and address of principal officer: ADAN M GOTTLIED		for subordinates	s? Yes X No
_		12500 N.E. 10TH PLACE, BELLEVUE, WA 98	005	<b>H(b)</b> Are all subordinates i	
		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or 527		list. See instructions
_		te: WWW.SAF.ORG	T. 17	H(c) Group exemption	
	art I	forganization: X Corporation Trust Association Other ► Summary	L Year	of formation: 19/4	VI State of legal domicile: WA
•		Briefly describe the organization's mission or most significant activities: EDUCA	ΔͲΤΟΝ	TN SIIDDORT	OF CIN
9	'	RIGHTS	AIION	IN BOFFORT	OF GON
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
Ve	3	Number of voting members of the governing body (Part VI, line 1a)			9
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
V.	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	14
viţi	6	Total number of volunteers (estimate if necessary)			0
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	1000po		0.
				Prior Year	Current Year
ne ne	8	Contributions and grants (Part VIII, line 1h)		4,381,885.	5,111,883.
Revenue	9	Program service revenue (Part VIII, line 2g)		21,770.	20,044.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		83,833.	1,400.
		Other revenue (Part VIII, column (A), lines 5, 60, 80, 90, 10c, and 11e)  Total revenue - add lines 8 through 11 must equal Part VIII, column (A), line 12)		4,487,488.	5,133,327.
		Grants and similar amounts paid (Part X solumn (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		377,438.	307,856.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	. b	Total fundraising expenses (Part IX, column (D), line 25) 801,85			
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,674,690.	3,260,246.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,052,128.	3,568,102.
	19	Revenue less expenses. Subtract line 18 from line 12 🛛 🖺 🖺 🖺 🖺 🖺 🖺 🖺 🖺 🖺 🦺 🖺		435,360.	1,565,225.
s or			Beg	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		6,385,153.	7,886,246.
Net Assets or	21	Total liabilities (Part X, line 26)		549,073.	411,787.
Z.	art II	Net assets or fund balances. Subtract line 21 from line 20 [] [] [] [] [] [] [] [] [] [] Signature Block		5,836,080.	7,474,459.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statemen	nte, and to the heet of my	/knowledge and helief it is
		t, and complete, Deckaration of preparer (other than officer) is based on all information of whi			knowledge and belief, it is
truo	, 001100	Han M Kathliet	ιση ρισραισι ι	7/26	12021
Sig	n	Signature of officer		Date	
Her		ALAN M GOTTLIEB, EXECUTIVE VICE PRESIDE	ENT		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	100	ate Check	PTIN
Paid		DONALD W. GRACIA DONALD W. GRACIA	7 0	7/24/21 self-employ	
	parer	Firm's name COX & GRACIA, P.S.		Firm's EIN ▶	91-1467028
Use	Only	Firm's address 10655 NE 4TH STREET, SUITE 611			05) 454 4054
		BELLEVUE, WA 98004			25) 454-1354
ivia	/ tne II	RS discuss this return with the preparer shown above? See instructions		1 11 11 11 11 11 11 11 11 11 11	X Yes No

Check if Schedule O contains a response or note to any line in this Part III	Pa	Statement of Program Service Accomplishments			
EDUCATION IN SUPPORT OF GUN RIGHTS  Did the organization undertake any significant program services during the year which were not listed on the prior Form 800 or 900 C27					
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 930 or 930 c57  If "Yes," describe these new services on Schedule O.  If "Yes," describe these changes on Schedule O.  Obt the organization cause controlling, or make significant changes in how it conducts, any program services?  Yes X No If "Yes," describe these changes on Schedule O.  Describe the organization of program service second of its three largest program services, as measured by expenses.  Section 501(5)(3) and 501(5)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and evenue, if any for each program service exported.  40 (Costs:	1				
prior Form 980 or 980-672		EDUCATION IN SUPPORT OF GUN RIGHTS			
prior Form 980 or 980-672					
prior Form 980 or 980-672					
prior Form 980 or 980-672	2	Did the organization undertake any significant program services during the year which were not listed on the			,
If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	_		Yes	Х	No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?					
Moreover   Content   Con	3	$\cdot$	Yes	Х	No
4 Describs the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services reported.  4	•				
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  40 (Code )(Code )(Code )(Code )(Recented )(Recen	4	·	ses.		
40 (Code:				t	
PUBLIC EDUCATION IN SUPPORT OF GUN RIGHTS, INCLUDING THE BUCATION OF THE PUBLIC WITH REGARDS TO THE BILL OF RIGHTS, THE CONSTITUTION AND THE INVOLVEMENT OF FIRE ARMS IN CRIME PREVENTION.  40 (Code:) [Expenses \$ 607,902. Including grants of \$) [Recentus \$) LEGAL ACTION IN DEFENSE OF GUN OWNERS, INCLUDING CONSTITUTIONAL CHALLENGE OF LAWS IN THE COURTS. (EXCLUDING LEGAL SERVICE PERFORMED PRO BONO).  46 (Code:) (Expenses \$					
PUBLIC EDUCATION IN SUPPORT OF GUN RIGHTS, INCLUDING THE BUCATION OF THE PUBLIC WITH REGARDS TO THE BILL OF RIGHTS, THE CONSTITUTION AND THE INVOLVEMENT OF FIRE ARMS IN CRIME PREVENTION.  40 (Code:) [Expenses \$ 607,902. Including grants of \$) [Recentus \$) LEGAL ACTION IN DEFENSE OF GUN OWNERS, INCLUDING CONSTITUTIONAL CHALLENGE OF LAWS IN THE COURTS. (EXCLUDING LEGAL SERVICE PERFORMED PRO BONO).  46 (Code:) (Expenses \$	4a	(Code: ) (Expenses \$ 1,975,545. including grants of \$) (Revenue \$			)
INVOLVEMENT OF FIRE ARMS IN CRIME PREVENTION.  (Code:) (Expenses & 607,902. Including grants of \$			OF	<b>I</b>	
40 (Code:) (Expenses \$ 607,902. Including grants of \$) (Revenue \$) LEGAL ACTION IN DEFENSE OF GUN OWNERS, INCLUDING CONSTITUTIONAL CHALLENGE OF LAWS IN THE COURTS. (EXCLUDING LEGAL SERVICE PERFORMED PRO BONO).  4c (Code:) (Expenses \$		THE PUBLIC WITH REGARDS TO THE BILL OF RIGHTS, THE CONSTITUTION AND	D T	HE	
LEGAL ACTION IN DEFENSE OF GUN OWNERS, INCLUDING CONSTITUTIONAL CHALLENGE OF LAWS IN THE COURTS. (EXCLUDING LEGAL SERVICE PERFORMED PRO BONO).  4c (Code:)(Expenses \$		INVOLVEMENT OF FIRE ARMS IN CRIME PREVENTION.			
LEGAL ACTION IN DEFENSE OF GUN OWNERS, INCLUDING CONSTITUTIONAL CHALLENGE OF LAWS IN THE COURTS. (EXCLUDING LEGAL SERVICE PERFORMED PRO BONO).  4c (Code:)(Expenses \$					
LEGAL ACTION IN DEFENSE OF GUN OWNERS, INCLUDING CONSTITUTIONAL CHALLENGE OF LAWS IN THE COURTS. (EXCLUDING LEGAL SERVICE PERFORMED PRO BONO).  4c (Code:)(Expenses \$					
LEGAL ACTION IN DEFENSE OF GUN OWNERS, INCLUDING CONSTITUTIONAL CHALLENGE OF LAWS IN THE COURTS. (EXCLUDING LEGAL SERVICE PERFORMED PRO BONO).  4c (Code:)(Expenses \$					
LEGAL ACTION IN DEFENSE OF GUN OWNERS, INCLUDING CONSTITUTIONAL CHALLENGE OF LAWS IN THE COURTS. (EXCLUDING LEGAL SERVICE PERFORMED PRO BONO).  4c (Code:)(Expenses \$					
LEGAL ACTION IN DEFENSE OF GUN OWNERS, INCLUDING CONSTITUTIONAL CHALLENGE OF LAWS IN THE COURTS. (EXCLUDING LEGAL SERVICE PERFORMED PRO BONO).  4c (Code:)(Expenses \$					
LEGAL ACTION IN DEFENSE OF GUN OWNERS, INCLUDING CONSTITUTIONAL CHALLENGE OF LAWS IN THE COURTS. (EXCLUDING LEGAL SERVICE PERFORMED PRO BONO).  4c (Code:)(Expenses \$					
LEGAL ACTION IN DEFENSE OF GUN OWNERS, INCLUDING CONSTITUTIONAL CHALLENGE OF LAWS IN THE COURTS. (EXCLUDING LEGAL SERVICE PERFORMED PRO BONO).  4c (Code:)(Expenses \$					
LEGAL ACTION IN DEFENSE OF GUN OWNERS, INCLUDING CONSTITUTIONAL CHALLENGE OF LAWS IN THE COURTS. (EXCLUDING LEGAL SERVICE PERFORMED PRO BONO).  4c (Code:)(Expenses \$					
LEGAL ACTION IN DEFENSE OF GUN OWNERS, INCLUDING CONSTITUTIONAL CHALLENGE OF LAWS IN THE COURTS. (EXCLUDING LEGAL SERVICE PERFORMED PRO BONO).  4c (Code:)(Expenses \$		COT 000			
CHALLENGE OF LAWS IN THE COURTS. (EXCLUDING LEGAL SERVICE PERFORMED PRO BONO).  4c (Code:) (Expenses \$	4b				)
### PRO BONO) .    Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )    Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )    Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )    Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )					
4c (Code:) (Expenses \$			<u> TD</u>		
4d Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )		PRO BUNO).			
4d Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )					
4d Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )					
4d Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )					
4d Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )					
4d Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )					
4d Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )					
4d Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )					
4d Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )					
4d Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )	40	/6			
(Expenses \$ including grants of \$ ) (Revenue \$ )	40	(Code:) (Expenses \$) (Hevenue \$)			<b>—</b> '
(Expenses \$ including grants of \$ ) (Revenue \$ )					
(Expenses \$ including grants of \$ ) (Revenue \$ )					
(Expenses \$ including grants of \$ ) (Revenue \$ )					
(Expenses \$ including grants of \$ ) (Revenue \$ )					
(Expenses \$ including grants of \$ ) (Revenue \$ )					
(Expenses \$ including grants of \$ ) (Revenue \$ )					
(Expenses \$ including grants of \$ ) (Revenue \$ )					
(Expenses \$ including grants of \$ ) (Revenue \$ )					
(Expenses \$ including grants of \$ ) (Revenue \$ )					
(Expenses \$ including grants of \$ ) (Revenue \$ )					
(Expenses \$ including grants of \$ ) (Revenue \$ )					
(Expenses \$ including grants of \$ ) (Revenue \$ )	4d	Other program services (Describe on Schedule O.)			
	4e				

Form 990 (2020) SECOND AMENDMENT FOUNDATION
Part IV Checklist of Required Schedules 91-6184167 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			٦,
40	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	ara waxay	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	To state to the test	38.03.00	e diamenta
а		110	Х	
b	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		<del></del>
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	***************************************	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	·····	<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19		19		Х
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
'	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II. [] [] [] [] [] [] [] [] [] [] [] []	21		Х
	, , , , , , , , , , , , , , , , , , ,			

91-6184167

Form 990 (2020) SECOND AMENDMENT F
Part 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			X
h	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	ļ	
·	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		Х
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		X
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? If "Yes," complete Schedule L, Part III	27		X
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):		400000000000000000000000000000000000000	1985488
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	00-		х
h	"Yes," complete Schedule L, Part IV	28a 28b	Х	_ A
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200	- 21	
Ŭ	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			v
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37	· · · · · · · · · · · · · · · · · · ·	27		Х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
JU	Note: All Form 990 filers are required to complete Schedule O [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	38	Х	
Par	tV Statements Regarding Other IRS Filings and Tax Compliance	00		
	Check if Schedule O contains a response or note to any line in this Part V	חחת	П	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 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	Х	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 2a Х 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) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b Х 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country 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? X 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 anv contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 Х a 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a 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 \_\_\_\_\_\_ 10b Section 501(c)(12) organizations. Enter: 11 a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 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 [] [] [] [] [] Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year?

X

If "Yes," see instructions and file Form 4720, Schedule N.

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

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year ..... 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 8 b Enter the number of voting members included on line 1a, above, who are independent ..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a Х **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed >WA, OR, PA, MN, OH, WV, UT, IL, FL, WI, MD, ME 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year.

20	State t	he name,	address, a	and teleph	one	number of tl	ne person w	ho possesse	s the orga	ınization's l	books and r	ecords
	MR.	AT.AN	COTT	LTER	_ /	125-454	1 - 7012					

;	

12500 N.E. PLACE BELLEVUE 98005

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

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

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

Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sat	ed any current officer, d	rector, or trustee.		
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	(do		Pos		<mark>1</mark> than ∈	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of	
	week	<del> </del>	Cei ai		recit	77,003	100)	from	from related	other	
	(list any hours for	lirect						the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	96 OF (	stee			ısate		(W-2/1099-MISC)	(** 27 1000 141100)	organization	
	organizations	truste	al tru		yee	adwo		(		and related	
	below	Individual trustee or director	Institutional trustee	-GL	Key employee	Highest compensated employee	ĕ			organizations	
	line)	Indii	Insti	Officer	Key	High	Former			A-1,	
(1) ALAN GOTTLIEB	20.00							25.000		44 450	
DIRECTOR/VICE PRES	1 00	X		Х				36,000.	0.	11,179.	
(2) ROBERT WIEST	1.00									_	
DIRECTOR/TREASURER		X		X	ļ	ļ		0.	0.	0.	
(3) SAM SLOM	1.00								_	_	
DIRECTOR/SECRETARY		Х		Х			L_	0.	0.	0.	
(4) TOM GRESHAM	1.00								_	_	
DIRECTOR		X			ļ			0.	0.	0.	
(5) GENE HOFFMAN, JR.	1.00									•	
DIRECTOR		X						0.	0.	0.	
(6) MASSAD AYOOB	1.00										
DIRECTOR/PRESIDENT		X		X				0.	0.	0.	
(7) JIM IRVINE	1.00									•	
DIRECTOR		X				ļ		0.	0.	0.	
(8) D. ALLEN YOUNGMANG	1.00								•	•	
DIRECTOR	1 00	Х						0.	0.	0.	
(9) FREDY REIHL	1.00								•	•	
DIRECTOR		X						0.	0.	0.	
W0040000000000000000000000000000000000											
						-					
						-					

Section A. Officers, Directors, Trus	tees, key Em	oloy	ees,	, and	<u>ורו ג</u>	gnes	τυ	ompensated Employee:	s (continuea)			
(A)	(B)				C)			(D)	(E)		(1	F)
Name and title	Average	(do	not c	Pos heck		า than o	ne	Reportable	Reportable	,	Estin	nated
	hours per week	box	, unle	ss per	rson i	s both or/trust	an	compensation	compensation	- 1		unt of
	(list any	-			Π			from the	from related organization	- 1		her Insation
	hours for	director				g		organization	(W-2/1099-MI	1		n the
	related	trustee or	ustee			ensat		(W-2/1099-MISC)	·		organ	ization
	organizations below	al trus	onal tr		oloyee	comb						elated
	line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	zations
	,	┢╧╴		0	=	T 5	ш.		······			
		1										
		ļ			ŀ							
										l		
										l		
				-								
											·	
1b Subtotal						)	<b>&gt;</b>	36,000.		0.	11,	,179.
c Total from continuation sheets to Part VI							<b>&gt;</b>	0.		0.		0.
d Total (add lines 1b and 1c) [ [ ] [ ] [ ] [ ]							<u> </u>	36,000.		0.	11,	,179.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) who	re	eceived more than \$100,0	00 of reportable	3		0
compensation from the organization											Y	es No
3 Did the organization list any former officer,	director, truste	e. k	ev e	lame	ove	e. or l	hia	hest compensated emplo	vee on	ſ		
line 1a? If "Yes," complete Schedule J for s			-	-			_		-		3	Х
4 For any individual listed on line 1a, is the su										···· [		
and related organizations greater than \$150	,000? If "Yes,	" coi	mple	ete S	Sche	dule	J f	or such individual		,	4	X
5 Did any person listed on line 1a receive or a	•				-			<del>-</del>			With M.	
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	J fo	or su	ich r	oers	on [	Ш	<u> </u>			5	X
Complete this table for your five highest contactors	mnoncotod ind		ndor		ntro	otor		and received more than \$1	00 000 of oom		ion from	<i>,</i>
the organization. Report compensation for	•									Jensai	ion nom	
(A)	no odionadi ye	- Car - C		· <u>··</u>			Ϊ	(B)			(C)	
Name and business								Description of se	rvices	C,	ompensa	ation
SOUTHWEST PUBLISHING & MA												
4000 SE ADAMS ST, TOPEKA,		09					_	PRINTING/MAIL	ING		<u>992,</u>	875.
SERVICE BUREAU COOPERATIV			۸.				- 1	DATA			256	100
MERRIL ACCOUNTE	E, WA 9	80	05				$\overline{}$	PROC/ACCTG/TE			356,	100.
MERRIL ASSOCIATES 12500 NE 10TH PL, BELLEVU	מ גינגו יבו	<u>გ</u> ი.	ሰፍ					MAIL, MARKETI RENTAL	ис/птол		275	400.
RRTV MEDIA, 3948 3RD ST.							╣	(7.77.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			413,	±00•
JACKSONVILLE, FL 32250-58		-	_ ~	,			Z	ADVERTISING			215,	000.

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

		Check if Schedule O contains a response or n	note to any lin	e in this Part VIII		וחחחחחחחחח	חחחח
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts t	1	a Federated campaigns1a					
ls, Grants	3	Membership dues1b					
9,5	á	Fundraising events 1c					
		d Related organizations					
S, C		Government grants (contributions)					
e c	•	All other contributions, gifts, grants, and					
P E	4	similar amounts not included above 1f 5 , 11	11,883.				
Contributions, Gif	,	Noncash contributions included in lines 1a-1f					
ပိုင်		<b>1 Total.</b> Add lines 1a-1f ∏ ∏ ∏ ∏ ∏ ∏ ∏ ∏ ∏ ∏ ∏ ∏ ∏ ∏ ∏ ∏ ∏ ∏ ∏		5,111,883.			
		Bu	usiness Code				
e	2	à					
۵≚		o					
am Ser	1						
am	3	d					
Program Service Revenue	1						
ď	•	All other program service revenue					
		<b>Total.</b> Add lines 2a-2f [					
	3	Investment income (including dividends, interest, a					
		other similar amounts)		20,044.			20,044.
	4	Income from investment of tax-exempt bond proce	eeds 🕨				
	5	Royalties [] [] [] [] [] [] [] [] [] [] [] [] []					
		(i) Real (i	(ii) Personal				
	6	a Gross rents 6a					
		Less: rental expenses 6b					
	'	Rental income or (loss) 6c					
	•	I Net rental income or (loss) [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]					-i
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
	İ	assets other than inventory   7a					
	1	Less: cost or other basis					
ne		and sales expenses					
her Revenue	(	Gain or (loss) 7c					
æ	l	1 Net gain or (loss) [] [] [] [] [] [] [] [] [] [] [] [] []					
þer	8 8	Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					la de la companya de
		Part IV, line 18					
	1	Less: direct expenses 8b					i e
	(	Net income or (loss) from fundraising events					
	9 8	Gross income from gaming activities. See					
		Part IV, line 19					
	ŀ	Less: direct expenses9b					
	٠	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory [] [] []				.8.8	
Ø		<b>i</b> ——	usiness Code				
Miscellaneous Revenue	11 a		511120	1,400.	1,400.		
lan	k						
icel 3ev	(						
Mis	(	All other revenue		1 400			Andreas and a second se
	Ε	Total. Add lines 11a-11d [] [] [] [] [] [] [] [] []		1,400.	1 1 1 1		00001
	12	Total revenue See instructions $\Pi \Pi \Pi \Pi \Pi \Pi \Pi \Pi \Pi$	апп 🛌 Р	5 133 377 1	1.400.	0.1	20.044.

## Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Х (A) Total expenses **(D)** Fundraising Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members Compensation of current officers, directors, 47,179. 36,379. 5,400. 5,400. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 186,531. 186,531. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 58.071. 58,071. Other employee benefits ..... 9 16,075. 15,295. 390. 390. Payroll taxes 10 Fees for services (nonemployees): 11 Management 575,483. 575,483. Legal Accounting Lobbying Professional fundraising services, See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 486,351. 231,552. 70,950. 183,849. column (A) amount, list line 11g expenses on Sch O.) 576,450. 576,450. Advertising and promotion ..... 12 26,705. 2,272. 18,630. 5,803. 13 Office expenses Information technology 14 15 Royalties 89,845. 62,677. 7,645. 19,523. 16 Occupancy 95,773. 96,863. 1,090. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates ..... 21 2,542. 2,542. Depreciation, depletion, and amortization ..... 22 23 ........... Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 639,571. 374,124. POSTAGE & SHIPPING 265,447. 257,320. 225,736. PRINTING 483,056. c MAILING LIST RENTAL 156,970. 78,485. 78,485. d MISCELLANEOUS 36,465. 26,060. 10,405. 89,945. 48,688. 24,036. 17,221. e All other expenses 3,568,102. 2,583,447. 182,801. 801,854. Total functional expenses. Add lines 1 through 24e 25 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 X if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or	note to any li	ne in this Part X [] [] []		poop	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,188,832.	1	1,955,911.
	2	Savings and temporary cash investments			3,068,732.	2	3,714,934
ĺ	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			17,995.	4	17,995
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial con	tributor, or 35%			
		controlled entity or family member of any of t	hese persons	s ,		5	·
	6	Loans and other receivables from other disqu	alified perso	ns (as defined			
		under section 4958(f)(1)), and persons descri	bed in sectio	n 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			30,000.	7	50,000
H33GI3	8	Inventories for sale or use				8	
۲	9	5 11			4,160.	9	2,982
	10 a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	479,283.			
	b	Less: accumulated depreciation		472,765.	10,682.	10c	6,518
	11	Investments - publicly traded securities			520,206.	11	593,360
	12	Investments - other securities. See Part IV, Iir			1,530,213.	12	1,530,213
ı	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		14,333.	15	14,333	
	16	Total assets. Add lines 1 through 15 (must e	qual line 33)		6,385,153.	16	7,886,246
	17	Accounts payable and accrued expenses			549,073.	17	411,787
-	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
2	22	Loans and other payables to any current or for	ormer officer,	director,			
		trustee, key employee, creator or founder, su	bstantial con	tributor, or 35%			
Liabilities		controlled entity or family member of any of the	hese persons	s		22	W
۱ ت	23	Secured mortgages and notes payable to uni	elated third p	oarties		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on lin	nes 17-24). C	omplete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25 [[			549,073.	26	411,787.
		Organizations that follow FASB ASC 958, o	heck here	<b>▶</b> X			
į		and complete lines 27, 28, 32, and 33.		<u> </u>			
	27	Net assets without donor restrictions	5,836,080.	27	7,474,459.		
5	28	Net assets with donor restrictions		28			
		Organizations that do not follow FASB ASC	C 958, check	here ►			
: [		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current fun-				29	
۲ I	30	Paid-in or capital surplus, or land, building, or				30	
	31	Retained earnings, endowment, accumulated			- 000 000	31	D 4D 4 4 D 0
	32	Total net assets or fund balances			5,836,080.	32	7,474,459.
	33	Total liabilities and net assets/fund balances	ппппппп		6,385,153.	33	7,886,246.

, 886 , 246 . Form **990** (2020)

Form	990 (2020) SECOND AMENDMENT FOUNDATION	91	-61841	.67	Pa	ıge <b>1</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI [] [] [] [] [] [] [] [] [] [] [] []		10000	0.0.0		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	13	<u>3,3</u>	27
2	Total expenses (must equal Part IX, column (A), line 25)	2	3 ,	56	8,1	02
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	56	5,2	25
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5 ,	83	6,0	80
5	Net unrealized gains (losses) on investments	5		7.	3,1	54
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B)) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	10	7,	47	4,4	59
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII [] [] [] [] [] [] [] [] [] [] []	000	00000	0 0 0	D	
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a				2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	. [		,	
	review, or compilation of its financial statements and selection of an independent accountant?		II	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin-		F-			

Act and OMB Circular A-133?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit 

Form 990 (2020)

За

# **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
SECOND AMENDMENT FOUNDATION

**Employer identification number** 

91-6184167

- N	4	Name and Jan Daletta	Ole audit - Ole II-a					
Pa	T.I	Reason for Public	Charity Status.	(All organizations must of	complete t	his part.) S	See instructions.	
The	organ	ization is not a private found	dation because it is:	(For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	nurches, or association	on of churches described	d in section	on 170(b)(	1)(A)(i).	
2		A school described in sec	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 9	90-EZ).)		
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170	D(b)(1)(A)(i	ii).	
4		A medical research organiz	zation operated in co	onjunction with a hospital	l described	in section	on 170(b)(1)(A)(iii). Enter	the hospital's name.
		city, and state:	•	,			(	,
5		An organization operated f	or the benefit of a co	allege or university owner	d or operat	ted by a go	vernmental unit describ	ed in
Ü		section 170(b)(1)(A)(iv).		onego or university owner	a or opera	iou by a go	overnmental and accomb	0 <b>4</b> III
			•			70/L\/4\/A\	V. A	
6	v	A federal, state, or local go	-				• •	
7	X	An organization that norma	•	antial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	•					
8		A community trust describ	ed in <b>section 170(b</b> )	<b>)(1)(A)(vi).</b> (Complete Pai	rt II.)			
9		An agricultural research or	ganization described	l in section 170(b)(1)(A)	(ix) operat	ed in conju	unction with a land-grant	college
		or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of the college	e or
		university:						
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	oort from c	ontribution	ns, membership fees, an	d gross receipts from
		activities related to its exer	mpt functions, subject	ct to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busi	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Co		,		•	, 3	, , , , , , , , , , , , , , , , , , , ,
11		An organization organized		sively to test for public sa	fety See	section 50	)9(a)(4)	
12		An organization organized	•		-			nurnoses of one or
12.		more publicly supported or	•	•	•		•	• •
			-					Sheck the box in
		lines 12a through 12d that		., .		•		
а		Type I. A supporting org	•	·				
		the supported organization			a majority o	of the direc	ctors or trustees of the su	upporting
		organization. You must	complete Part IV, S	ections A and B.				
b		Type II. A supporting org	janization supervised	d or controlled in connec	tion with it	s supporte	ed organization(s), by hav	ving
		control or management of	of the supporting org	anization vested in the s	ame perso	ns that co	ntrol or manage the sup	ported
		organization(s). You mus	st complete Part IV,	Sections A and C.				
С		Type III functionally inte	egrated. A supportin	ng organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organizatio	n(s) (see instructions	). You must complete	Part IV, Se	ections A.	D, and E.	
d		Type III non-functionally					·	zation(s)
		that is not functionally in						• •
		requirement (see instruct	-	- ,	•		•	
е		Check this box if the orga		•				
C							Type i, Type ii, Type iii	
		functionally integrated, o	• •	many integrated supporti	ng organiz	ation.		
1		r the number of supported of	-			•••••		
g		ide the following information  Name of supported	n about the supporte	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
	٧.	organization	(11) 2.11	(described on lines 1-10		anization listed ing document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No	capport (coo mondonomo)	capper (coo mondonono)
			1		1	I		1

**Total** 

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3885906.	3794822.	4619618.	4381885.	5111883.	21794114.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3885906.	3794822.	4619618.	4381885.	5111883.	21794114.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						21794114.
	ction B. Total Support					Γ	1
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	3885906.	3794822.	4619618.	4381885.	2111883.	21794114.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	15 005	15 060	04 650	04 074	20 044	104 636
	and income from similar sources	17,905.	17,063.	24,650.	24,974.	20,044.	104,636.
9	Net income from unrelated business						
	activities, whether or not the	<b>72 112</b>	E 4 1 4 1	70 227	20 115	_	220 706
	business is regularly carried on	73,113.	54,141.	79,337.	32,115.	0.	238,706.
10	Other income. Do not include gain						
	or loss from the sale of capital	103,499.	04 005	E0 666	10 511	1 400	306 064
	assets (Explain in Part VI.)	103,499.	94,885.	58,666.	48,514.		306,964. 22444420.
	Total support. Add lines 7 through 10	. ,	,				<u> </u>
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop						ınnn <b>L</b>
Sec	ction C. Computation of Publi			<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 11 11 11 11 11 11 11 11 11	
	Public support percentage for 2020 (li			olumn (fl)		14	97.10 %
	Public support percentage from 2019		•			15	95.93 %
	33 1/3% support test - 2020. If the co						
102	stop here. The organization qualifies						. 47
h	33 1/3% support test - 2019. If the co						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te			<del>-</del>		viriow the organiz	
h	10% -facts-and-circumstances test	•		,			
	more, and if the organization meets th						· - · <del>-</del> · <del>-</del> ·
	organization meets the facts-and-circu						•
18	Private foundation. If the organizatio						:

# Schedule A (Form 990 or 990-EZ) 2020 SECOND AMENDMENT FOUNDATION | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	elow, please comp	nete Part II.)				
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons				:		
k	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				THE LAND CONTRACTOR OF		
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	
14	First 5 years. If the Form 990 is for th	•		·	•	, , , , ,	
000	check this box and stop here [] [] []						
	ction C. Computation of Publi					T I	
	Public support percentage for 2020 (li	• • • • • • • • • • • • • • • • • • • •	•			15	%
	Public support percentage from 2019 ction D. Computation of Inves			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		16	%
				a 10 a a luman (6)		1 47	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2			un line 14, and line		18   2 1/3% and line 17	is not
	33 1/3% support tests - 2020. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the	nd <b>stop here.</b> The	organization qualif	ies as a publicly s	upported organiza	tion	
ū	line 18 is not more than 33 1/3%, chec	_					
20	Private foundation. If the organization						

# Part IV | Supporting Organizations

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

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes." *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c 4a		
4b		
4c		
5a		
5b 5c		nusureewel
7		
8		
9a		
9b 9c		
10a	48.8	12/45

Ра	rt IV   Supporting Organizations (continued)			
		GROWING CONTROL OF THE PARTY OF	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			initial.
	11c below, the governing body of a supported organization?	11a		<del> </del>
	A family member of a person described in line 11a above?	11b	BORNARIYAN	1984:00
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. Ition B. Type I Supporting Organizations	11c		L
360	ation b. Type i Supporting Organizations			L
		Take se	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		100000000000000000000000000000000000000
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	.1	1	L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	\$45.54		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
sec	tion 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 instructions	).		
а	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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	i	N-
2	Activities Test. Answer lines 2a and 2b below.	1500 3000	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	_u		
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported examinations? If IIVes II describe in Port VI the relative to the constitution is this are real	2h		

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3. 4 5 Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1

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

2

3

4

5

Schedule A (Form 990 or 990-EZ) 2020

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

3

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

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

emergency temporary reduction (see instructions).

Par	TV   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continue</sub>	<u>ed)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	"
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020		Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
b	Excess from 2017				
	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 SECOND AMENDMENT	FOUNDATION 91-6184167 Page 8
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c,	s required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, es 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, and 6. Also complete this part for any additional information.
SCHEDULE A, PART II, LINE 10, EXPLANA	TION FOR OTHER INCOME:
SUBSCRIPTIONS	
2016 AMOUNT: \$ 103,499.	
2017 AMOUNT: \$ 94,885.	
2018 AMOUNT: \$ 58,666.	
2019 AMOUNT: \$ 48,514.	
2020 AMOUNT: \$ 1,400.	

# SCHEDULE C

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

_	, (	24 ( ) (4) (5) (0)					
		01(c)(4), (5), or (6) organizat	ions: Complete Part III.		\		<del></del>
Nan	ne of orgai				En	nployer identification	
			AMENDMENT FOUNDA			91-618416	<u>, 7</u>
Pa	art I-A	Complete if the org	anization is exempt und	er section 501(c)	or is a section 527	organization.	
1	Provide a	a description of the organiz	ation's direct and indirect politic				
		campaign activity expendit				<b>&gt;</b> \$	
3	Voluntee	r hours for political campai	gn activities				
Pa	art I-B	Complete if the org	anization is exempt und	er section 501(c)(	(3).		
1	Enter the	amount of any excise tax	incurred by the organization und	ler section 4955	<b>&gt;</b>	<b>&gt;</b> \$	
2	Enter the	amount of any excise tax	incurred by organization manage	ers under section 4955	·	<b>\$</b>	
3	If the org	anization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes	No
4a	Was a co	rrection made?				Yes	No
	If "Yes,"	describe in Part IV.					
Pa	art I-C	Complete if the org	anization is exempt und	er section 501(c),	except section 501	(c)(3).	
1	Enter the	amount directly expended	I by the filing organization for se	ction 527 exempt func	tion activities	<b>\$</b>	
2	Enter the	amount of the filing organ	ization's funds contributed to ot	her organizations for se	ection 527		
	exempt f	unction activities			<b>&gt;</b>	<b>\$</b>	
3			. Add lines 1 and 2. Enter here a				
	line 17b		***************************************		<b>&gt;</b>	<b>\$</b>	
4			1120-POL for this year?				No
5			nployer identification number (Ell				on
			tion listed, enter the amount paid				
	contribut	ions received that were pro	omptly and directly delivered to a	a separate political org	anization, such as a sepa	rate segregated fund o	ra
	political a	action committee (PAC). If	additional space is needed, prov	ide information in Part	IV.		
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fron	n (e) Amount of po	olitical
		(2)	(2) / (22)	(0)	filing organization's	1 ' '	
					funds. If none, enter -0		
						delivered to a se political organiz	
						If none, enter	
,							
			· · · · · · · · · · · · · · · · · · ·				

Sch	nedule C (Form 990 or 990-EZ) 2020	SECOND AMEN	DMENT FOUND	ATION	91-6	184167 Page :	2
	cart II-A Complete if the org section 501(h)).	janization is exer	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under	
	expenses, and sha	re of excess lobbying	iliated group (and list in expenditures). nd "limited control" pro		group member's name	e, address, EIN,	
		its on Lobbying Expe ditures" means amou	nditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals	
1:	a Total lobbying expenditures to infl	uence public opinion (	grassroots lobbying)				_
	<ul> <li>Total lobbying expenditures to infl</li> </ul>	uence a legislative boo	dy (direct lobbying)				
	Total lobbying expenditures (add I		0.				
	d Other exempt purpose expenditur						_
•	e Total exempt purpose expenditures (add lines 1c and 1d)				0.		
	Lobbying nontaxable amount. Ent	er the amount from the	e following table in both	columns.	0.		- 11
	If the amount on line 1e, column (a)		bying nontaxable am	ount is:			
	Not over \$500,000	20% of	the amount on line 1e.				
	Over \$500,000 but not over \$1,00		00 plus 15% of the exce				
	Over \$1,000,000 but not over \$1,5		00 plus 10% of the exce				
	Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exces	s over \$1,500,000.			
	Over \$17,000,000	\$1,000	000.				
							ै
	g Grassroots nontaxable amount (er	, ,			0.		
1	Subtract line 1g from line 1a. If zer	o or less, enter -0-					
	i Subtract line 1f from line 1c. If zero	o or less, enter -0					
	j If there is an amount other than ze						
	reporting section 4911 tax for this	year? [] [] [] [] [] []		<u> </u>		Yes No	<u>_</u>
	(Some organizations t	hat made a section 5	eraging Period Under 01(h) election do not h ate instructions for lin	nave to complete all o	of the five columns be	low.	
		Lobbying Expe	nditures During 4-Yea	r Averaging Period			
	Calendar vear						

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) Total			
2a Lobbying nontaxable amount								
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))								
c Total lobbying expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount (150% of line 2d, column (e))								
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2020

# Schedule C (Form 990 or 990-EZ) 2020 SECOND AMENDMENT FOUNDATION 91-61841 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(3	a)	( t	o)
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b					
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? [] [] [] [] []				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or sec	ction	
	501(c)(6).				
			<b>,</b>	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year	? 3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part	III-A, line	3, IS
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b			1		
С					
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)	пппппп	5		
	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-	A. lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.		,		
	is to log, and rate is spinite in a spinite and a spinite and a spinite in a spinit				

# **SCHEDULE D**

(Form 990)

Department of the Treasury

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.

Open to Public Inspection

Name of the organization

SECOND AMENDMENT FOUNDATION

Employer identification number 91-6184167

Pa	t   Organizations Maintaining Donor Advised		or Accour	nts. Complete if the	<u>,                                     </u>
	organization answered "Yes" on Form 990, Part IV, line				
		(a) Donor advised funds	<b>(b)</b> Fun	ds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in wri	iting that the assets held in donor advis	sed funds		
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor or d	lonor advisor, or for any other purpose	conferring		
	impermissible private benefit? [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]				No
Pa	t II Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	(check all that apply).			
	Preservation of land for public use (for example, recreatio	n or education) Preservation o	f a historically	important land area	
	Protection of natural habitat	Preservation of	f a certified his	storic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conserva	tion easement on the la	ast
	day of the tax year.			Held at the End of the Ta	ax Year
а	Total number of conservation easements		2a		
b					
С	Number of conservation easements on a certified historic struct				
d	Number of conservation easements included in (c) acquired after				
	listed in the National Register			·	
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	organization	during the tax	
	year >				
4	Number of states where property subject to conservation easer				
5	Does the organization have a written policy regarding the period				
_	violations, and enforcement of the conservation easements it has	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing cons	servation ease	ments during the year	
-	Amount of expenses incurred in monitoring, inspecting, handlin		*:	and the second second	
7	Amount of expenses incurred in monitoring, inspecting, naridim  \$ \$	g of violations, and efforcing conserva	tion easement	is during the year	
8	Does each conservation easement reported on line 2(d) above s	entiefy the requirements of section 1700	'h\(4\(D\(i)		
0				Yes	No
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	statement and	165	NO
9	balance sheet, and include, if applicable, the text of the footnote	•			
	organization's accounting for conservation easements.	o to the organization o manda statem	onto that dodo	TIDOS TITO	
Pai		rt, Historical Treasures, or Ot	her Similaı	r Assets.	
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958,	· · · · · · · · · · · · · · · · · · ·	nd balance sh	eet works	
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	irtherance of p	public	
	service, provide in Part XIII the text of the footnote to its financia	al statements that describes these item	is.		
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and b	palance sheet	works of	
	art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furth	nerance of pub	olic service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
				\$	
2	If the organization received or held works of art, historical treasures				
	the following amounts required to be reported under FASB ASC	958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1			\$	
b	Assets included in Form 990, Part X			\$	

Pa	rt III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Othe	r Simila	ar Assets	(cont	inued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	make s	ignifican	t use of its			
	collection items (check all that apply):										
а	Public exhibition	(	t	Loan or exc	hange progra	am					
b	Scholarly research	•	•	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exer	npt purp	ose in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	'Yes" on	Form 99	90, Part IV, I	line 9, o	r	
	reported an amount on Form 990, Pa	<del></del>									
1a	Is the organization an agent, trustee, custodi		-								
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amou	<u>nt</u>	
	Beginning balance									<del></del>	<del></del>
	Additions during the year						1				····
е	Distributions during the year						1				
f	Ending balance							1			
	Did the organization include an amount on Formatting and the control of the contr						-		Yes		No
Pai	If "Yes," explain the arrangement in Part XIII.										
r a	<b>t V</b> Endowment Funds. Complete				(c) Two year			years back	(a) Fau	ır waara	book
4.	Denimina of ward balance	(a) Current year	(a) ⊢	rior year	(c) Two year	S Dack	(a) Three	years back	(e) FOL	ir years	Dack
	Beginning of year balance										***************************************
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships				,						
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
	End of year balance  Provide the estimated percentage of the curr	ont year and balance	. (lino 1c	column (a)	) hold as:						
2	Board designated or quasi-endowment		% %	j, colultili (a)	ij rielu as.						
	Permanent endowment										
C	Term endowment ►  The percentages on lines 2a, 2b, and 2c shown the percentages on lines 2a, 2b, and 2c shown the percentages on lines 2a, 2b, and 2c shown the percentages on lines 2a, 2b, and 2c shown the percentages on lines 2a, 2b, and 2c shown the percentages on lines 2a, 2b, and 2c shown the percentages on lines 2a, 2b, and 2c shown the percentages on lines 2a, 2b, and 2c shown the percentages on lines 2a, 2b, and 2c shown the percentages on lines 2a, 2b, and 2c shown the percentages on lines 2a, 2b, and 2c shown the percentages on lines 2a, 2b, and 2c shown the percentages on lines 2a, 2b, and 2c shown the percentages on lines 2a, 2b, and 2c shown the percentages on lines 2a, 2b, and 2c shown the percentages on lines 2a, 2b, and 2c shown the percentages on lines 2a, 2b, and 2c shown the percentages on lines 2a, 2b, and 2c shown the percentages of the percentage of the										
32	Are there endowment funds not in the posse		ation tha	t are held ar	nd administer	ed for th	e organi	zation			
oa	by:	331011 OF THE OFGAMILE	adon tha	t are ricid ar	ia aariii iistor	ca ioi tii	ic organi.	Zation		Yes	No
	(i) Unrelated organizations								3a(i)	1.00	110
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the								<u></u>		L
	t VI Land, Buildings, and Equipm										
	Complete if the organization answered		), Part IV	, line 11a. S	ee Form 990,	, Part X,	line 10.				
	Description of property	(a) Cost or o			or other		ccumula	ted	(d) Boo	ok valu	e
	,	basis (investr		, ,	(other)		preciatio	i	• •		
1a	Land		-					SEE			
	Buildings										
	Leasehold improvements										
d	Equipment										
е	Other [] [] [] [] [] [] [] [] [] [] [] [] []			47	9,283.	4	472,7	765.		6,5	18.

Complete if the experiment of anyward Weet	on Form 000 Port IV line 1	11h Can Farm 000 Bart V line 10	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1) Financial derivatives	(-,		,
(2) Closely held equity interests			***************************************
(3) Other			
(A) INVESTMENT IN RADIO			
(B) STATIONS	1,392,399.	COST	
(C) INVESTMENT IN INTERNET			
(D) MEDIA WEB SITE	137,814.	COST	
(E)			
(F)			
(G)			
(H)			www.
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,530,213.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			Processi (Vagografia asserti in Teeres
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1d See Form 990 Part X line 15	
	Description	14. COOT CITIT COO, 1 4.1.7, III O 10.	(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	<u>; 15.)                                      </u>		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Liability for uncertain tay positions. In Part XIII. provide		the organization's financial statements th	at raparts the

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

91-6184167

## SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**Open To Public** Inspection

Name of the organization

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

Employer identification number SECOND AMENDMENT FOUNDATION 91-6184167 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No Enter the amount of tax incurred by the organization managers or disqualified persons during the year under Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 **(h)** Approved by board or (a) Name of (b) Relationship (c) Purpose (d) Loan to or (e) Original (i) Written (f) Balance due (g) In from the interested person with organization of loan principal amount default? agreement? committee? organization? То From Yes Yes Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2020

Schedule L (Form 990 or 990-EZ) 2020 SECOND AMENDMENT FOUNDATION 91-6184167 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (d) Description of (a) Name of interested person (c) Amount of organization's person and the organization transaction transaction revenues? Yes No 275,400, SOLICITATIO OWNED BY ALAN GOTTL MERRIL ASSOCIATES Х 27,080. PAYMENTS FO Х MERRIL PRESS/MMM, INC. OWNED BY ALAN GOTTL 66,000. COMPENSATIO ANDREW GOTTLIEB SON OF ALAN GOTTLIE X LIBERTY PARK OWNED BY ALAN GOTTL 60,600. LEASE OFFIC X DAUGHTER IN LAW OF 9,403. COMPENSATIO X SEAVER GOTTLIEB Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: MERRIL ASSOCIATES (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: OWNED BY ALAN GOTTLIEB, DIRECTOR (C) AMOUNT OF TRANSACTION \$ 275,400. (D) DESCRIPTION OF TRANSACTION: SOLICITATION OF BIDS FOR MAILINGS, MARKETING AND LIST RENTAL, INCLUDES PASS THROUGH PAYMENTS TO OTHER **VENDORS.** (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON: MERRIL PRESS/MMM, INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNED BY ALAN GOTTLIEB, DIRECTOR

- (C) AMOUNT OF TRANSACTION \$ 27,080.
- (D) DESCRIPTION OF TRANSACTION: PAYMENTS FOR BOOKS AT DISCOUNTED PRICES
- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: ANDREW GOTTLIEB
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF ALAN GOTTLIEB, DIRECTOR

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2020
Open to Public Inspection

Name of the organization

SECOND AMENDMENT FOUNDATION

Employer identification number 91-6184167

FORM 990, PART VI, SECTION A, LINE 6:

INDIVIDUALS MAY BECOME CONTRIBUTING MEMBERS OF THE ORGANIZATION WITH NO VOTING RIGHTS.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF FORM 990 AND THE AUDITED FINANCIAL STATEMENTS ARE GIVEN TO EACH
BOARD MEMBER FOR REVIEW AFTER FILING OF THE FORM 990. THE FORM AND THE
AUDITED FINANCIAL STATEMENTS ARE DISCUSSED AT THE NEXT BOARD MEETING AND
APPROVED.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER IS COVERED BY THE POLICY AND IS REQUIRED TO READ THE

CONFLICT OF INTEREST POLICY AND SIGN IT. THE BOARD DETERMINES IF A

CONFLICT OF INTEREST EXISTS. IF THERE IS A CONFLICT OF INTEREST, THE

MATTER WOULD BE DISCLOSED TO THE BOARD. AS SUCH, THE BOARD REVIEWS THE

MATTER AND COULD EITHER MAKE THE BOARD MEMBER WITH THE CONFLICT INELIGIBLE

TO VOTE OR THE BOARD MEMBER COULD RECUSE HIM OR HERSELF FROM VOTES THAT MAY

PERTAIN TO THE CAUSE OF THE CONFLICT. THIS POLICY IS MONITORED BY RENEWING

IT ANNUALLY AND BY VOLUTARY DISCLOSURE BY BOARD MEMBERS SHOULD A CONFLICT

ARISE.

FORM 990, PART VI, SECTION B, LINE 15:

ALL COMPENSATION DECISIONS ARE REVEIWED AND APPROVED BY THE BOARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

WA, OR, PA, MN, OH, WV, UT, IL, FL, WI, MD, ME, SC, KY, NM, NJ, NY, NC

Name of the organization  SECOND AMENDMENT FOUNDATION	Employer identification number 91-6184167
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINAN	ICIAL STATEMENTS
ARE AVAILABLE UPON WRITTEN REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	221 552
MANAGEMENT AND GENERAL EXPENSES	70,950.
FUNDRAISING EXPENSES	183,849.
TOTAL EXPENSES	486,351.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	486,351.
FORM 990 PART IV	
FORM 990 PART IV AN IRS SECTION 501(H) ELECTION WAS MADE B	Y THE
FOUNDATION. NO LOBBYING EXPENDITURES HAVE BEEN MADE BY THE	FOUNDATION.
	-

SCHEDULE R (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▼ Attach to Form 990.

2020

OMB No. 1545-0047

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

Open to Public Inspection Employer identification number 01 – 618/167

Direct controlling 91-6184167 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. End-of-year assets (e) Total income ூ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity SECOND AMENDMENT FOUNDATION Name, address, and EIN (if applicable) of disregarded entity <u>a</u> Part Part II

(6)	on 512(b)(13) ontrolled	entity?	No No	 					
, 	Section		Yes			 			
(t)	Direct controlling	entity							
(e)	Public charity	status (if section	501(c)(3))						
(p)	Exempt Code	section							
(၁)	Legal domicile (state or	foreign country)							
(q)	Primary activity							10.11.	
(a)	Name, address, and EIN	of related organization							

Schedule R (Form 990) 2020

91-6184167

Page 2

SECOND AMENDMENT FOUNDATION Schedule R (Form 990) 2020 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(q)	(0)	(p)	(e)	(£)	(b)	æ		8	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	trolling /	Predom (related	Shar	Share of end-of-year	nate s?	Code V-UBI amount in box	General managir partner	ر م
		country)		sections 512-514)		dssels	Yes No	K-1 (Form 1065)	Yes No	T 6
	<b>1</b>									,
The state of the s									+	
									$\perp$	
	-						•			
					_					
	<b>1</b>									
		_		_			_		_	

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

	,							
(a)	(q)	(၁)	(p)	(e)	(£)	(6)	(F)	€
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	of /ear is	Percentage ownership	Section 512(b)(13) controlled entity?
THE PROPERTY OF THE PROPERTY O		conunty)		,			•	Yes No
KSBN RADIO, INC 91-1669197								
12500 NE 10TH PL	BROADCAST RADIO							
BELLEVUE, WA 98005-2532	STATION	MA	N/A	C CORP	34,675.	144,070.	50.00\$	×
KITZ RADIO, INC 91-2019576								
12500 NE 10TH PL	BROADCAST RADIO							
BELLEVUE, WA 98005-2532	STATIONS	WA	N/A	C CORP	118,790.	416,032.	50.00\$	×
KEEPANDBEARARMS.COM - 20-1551728			and the second s					
12500 NE 10TH PL								
BELLEVUE, WA 98005-2532	INTERNET WEBSITE	WA	N/A	C CORP	5,250.	555.	50.00%	×
KBNP RADIO INC - 91-1420974								
12500 NE 10TH PL	BROADCAST RADIO							
BELLEVUE, WA 98005-2532	STATION	WA	N/A	C CORP	-42,461.	140,963.	50.00%	×
								<del></del>

Schedule R (Form 990) 2020

Part V | Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	T T T T T T T T T T T T T T T T T T T	The state of the s			Yes	٩
1 During the tax year, did the organization engage in any of the following transac	tions with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-1V?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	entity			1a	-	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				4		×
c Gift, grant, or capital contribution from related organization(s)				2		×
				7		×
					Ī	1 2
e Loans of Ioan guarantees by related organization(s)				<u>ə</u>		4
						Þ
T Dividends from related organization(s)				¥		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				4		×
i Exchange of assets with related organization(s)				F		×
j Lease of facilities, equipment, or other assets to related organization(s)				Ŧ	ļ	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
l Performance of services or membership or fundraising solicitations for related organization(s)	organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related or	related organization(s)			Ę	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1		×
o Sharing of paid employees with related organization(s)				٩		×
				\$400 1000 1000 1000 1000 1000 1000 1000		
<b>p</b> Reimbursement paid to related organization(s) for expenses				\$		×
	h			5		×
				7		
r Other transfer of cash or property to related organization(s)				÷		Ì×
				= ;		4 >
				18		4
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	on who must complete the	is line, including covered	relationships and transaction thresholds.			
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(3)						
(4)						
(5)						
032163 10-28-20			Schedule R (Form 990) 2020	R (Form	(066	2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) Percentage					
(j) eneral or F nanaging bartner?					
Dispropor-					
Disproportionate ullocations?	S				
(9) Share of end-of-year assets					
(f) Share of total income					
(e) Are all Partners sec. 501(c)(3) Orgs.?	3				
(d) Predominant income particulated, unrelated, excluded from tax undersections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2020

# 2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990	990 PAGE 10							066				***			
Asset No.	t Description	Date Acquired	Method	Life	-jz ∪ o c >	Line Una No. Cost	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
1	1 GUNWEEK ASSETS	VARIOUS	VAR	000.	H¥16	6 151	1,300.				151,300,	151,300.		0	151 300.
	* 990 PAGE 10 TOTAL PROGRAM					_									-1
	SERVICES					151	1,300.				151,300.	151,300.		.0	151,300.
	MANAGEMENT AND GENERAL														
(7)	2 VARIOUS	VARIOUS	VAR	000.	HY16	6 233	3,805.				233,805.	233,805.		•0	233,805.
m	3 COMPUTER EQUIPMENT	05/10/02	SL	3.00	16		7,800.				*008′L	7,800.		0.	7,800.
4	4 COMPUTER EQUIPMENT	06/15/02	SL	5.00	16	9	2,282.			:	2,282.	2,282.		0.	2,282.
ro	5 COMPUTER EQUIPMENT	09/02/03	SL	2,00	16		1,536.				1,536.	1,536.		•0	1,536.
9	6 COMPUTER EQUIPMENT	06/15/04	SL	5.00	16	9	3,824.				3,824.	3,824.		0.	3,824.
	7 NETWORK BQUIPMENT	08/01/04	SL	3.00	16	9	4,401.				4,401.	4,401.		0	4,401.
σ,	8 COMPUTER SONY VGN	05/01/05	SL	5.00	16	9	2,394.				2,394.	2,394.		0.	2,394.
8	9 5 DESKTOP & 1 LAPTOP	06/01/05	IS	5.00	16	9	4,177.				4,177.	4,177.		0.	4,177.
10	3 DESKTOP COMPUTERS	06/01/05	SL	5.00	16		1,943.				1,943.	1,943.		0.	1,943.
뒤	1 COMPUTER EQUIPMENT	05/01/06	SL	5,00	16		1,083.				1,083.	1,083.		.0	1,083.
12	2 COMPUTER EQUIPMENT	04/01/06	SL	5.00	16		1,667.				1,667.	1,667.		0.	1,667.
13	3 LAPTOP COMPUTER	09/01/02	SL	5.00	16		7,011.				7,011.	7,011.		0.	7,011.
14	4 COMPUTER EQUIPMENT	02/01/08	SL	3.00	16		12,772.				12,772.	12,772.		0.	12,772.
15	S COMPUTER EQUIPMENT	02/01/08	SL	5.00	16		5,869.				5,869.	5,869.		.0	.698,5
028111	028111 04-01-20					/- (Q)	(D) - Asset disposed	pesc		*	ITC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	nercial Revita	lization Deduci	ion. GO Zone

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# 2020 DEPRECIATION AND AMORTIZATION REPORT

FORM	FORM 990 PAGE 10		Ì	Ì	ŀ		066							
Asset No.	Description	Date Acquired M	Method	Life	C C No.	Unadjusted Cost Or Basis	Bus is % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
16	COMPUTER EQUIPMENT	03/01/08	SL	5.00	16	1,806	•			1,806.	1,806.		0	1,806.
17	COMPUTER EQUIPMENT	s 60/10/10	SL	5.00	16	3,630				3,630.	3,630.		0.	3,630.
H 8	COMPUTER EQUIPMENT GUN WEEK	12/31/09 s	SL	5.00	16	5,374.				5,374.	5,374.		.0	5,374.
19	COPIER	10/01/10 s	SL	5,00	16	2,628.				2,628.	2,586.		• 0	2,586.
20	COPIER	11/01/05 8	SI	5.00	16	795				795.	795.		0.	795.
21	TELEPHONE SYSTEM	11/01/12	SL	5,00	16	2,425				2,425.	2,425.		0.	2,425.
23	2 CHAIRS	01/01/13 S	SL	3.00	16	175.				175.	175.		0	175.
23	DELL SERVER	02/15/13 s	SL	5.00	16	2,020				2,020.	2,020.		0.	2,020.
24	DELL SERVER	05/20/14 S	SL	5.00	16	5,855				5,855.	5,855.		0.	5,855.
25	COMPUTER EQUIPMENT	03/15/19	SL	5.00	16	12,711.				12,711.	2,071.		2,542.	4,613.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL					327,983.				327,983.	317,301.		2,542.	319,843.
	* GRAND TOTAL 990 PAGE 10 DEPR					479,283				1000 100 1000			1.0000000000000000000000000000000000000	•
028111	028111 04-01-20					(D) - Asset disposed	pesodsi		*	ITC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ercial Revital	ization Deduct	ion, GO Zone

# Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Autom	atic 6-Month Extension of Time. Only subn	nit origin	al (no copies needed).			
•	rations required to file an income tax return other than Form 7004 to request an extension of time to file incom		, , , , , , , , , , , , , , , , , , , ,	s, REMICs	s, and trusts	
Type or	Name of exempt organization or other filer, see instru	ıctions.		Taxpayer	r identification numb	er (TIN)
print	CECOND AMENDMENT EQUINDATION	т.			91-618416	7
File by the	SECOND AMENDMENT FOUNDATION		tions		31-010410	<del>'</del>
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 12500 N.E. 10TH PLACE	ee instruct	uons.			
instructions.	City, town or post office, state, and ZIP code. For a for BELLEVUE, WA 98005	_				
Enter the	Return Code for the return that this application is for (fil	e a separa	te application for each return)	0000	0000000000	0 7
Applicati	on	Return	Application			Return
ls For	Control Contro	Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)  MR. ALAN GOTTL:	06	Form 8870			12
	poks are in the care of $\blacktriangleright$ 12500 N.E. 10 1 none No. $\blacktriangleright$ 425-454-7012		- BELLEVUE, WA 980 Fax No. ►	05		<u></u>
<ul><li>If the o</li></ul>	organization does not have an office or place of business	s in the Uni	ited States, check this box		<b>&gt;</b>	
<ul><li>If this i</li></ul>	s for a Group Return, enter the organization's four digit	Group Exe	mption Number (GEN) I	f this is fo	r the whole group, c	heck this
box 🕨	. If it is for part of the group, check this box	and atta	ich a list with the names and TINs of	all membe	ers the extension is t	for.
the	quest an automatic 6-month extension of time until organization named above. The extension is for the orga X calendar year 2020 or tax year beginning the tax year entered in line 1 is for less than 12 months, c	anization's	d ending	the exem		rn for
	Change in accounting period					
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less			_
any	nonrefundable credits. See instructions.			3a	\$	0.
<b>b</b> If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			_
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa	•				^
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Caution: instruction	If you are going to make an electronic funds withdrawalns.	(direct det	oit) with this Form 8868, see Form 84	153-EO an	d Form 8879-EO for	payment

\_HA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

			EXTENDED TO NOVEMBER 15, 2021		
For	<sub>m</sub> 990-T	E	Exempt Organization Business Income Tax Return	ı	OMB No. 1545-0047
			(and proxy tax under section 6033(e))		0000
		For ca	lendar year 2020 or other tax year beginning, and ending	]	2020
)ep	artment of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.	ļ	
	nal Revenue Service	<b>&gt;</b>	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
4	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	DEmpl	oyer identification number
3	Exempt under section	Print	SECOND AMENDMENT FOUNDATION	9	1-6184167
}	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.  12500 N.E. 10TH PLACE		p exemption number nstructions)
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code	┨	
	529(a) 529S		BELLEVUE, WA 98005	F	Check box if
	525(a) 5255	C Bo	ok value of all assets at end of year [ [ ] [ ]	<b>'</b>	an amended return.
	Chook organization t			nnlical	ble reinsurance entity
<u>1</u> 1	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439	pplical	Die Tellisulance entity
-			ation filing a consolidated return with a 501(c)(2) titleholding corporation	ппп	
1			ed Schedules A (Form 990-T)		1
<u></u>				<b>-</b>	Yes X No
•			d identifying number of the parent corporation.		165 21 110
			MR. ALAN GOTTLIEB  Telephone number   4	25-	454-7012
P			d Business Taxable Income		101 / 012
1	Total of unrelated	husine	ss taxable income computed from all unrelated trades or businesses (see		
•				1	0.
2	D			2	
3	Add lines 1 and 2			3	
4			see instructions for limitation rules)	4	0.
5		,	taxable income before net operating losses. Subtract line 4 from line 3	5	
6			ng loss. See instructions	6	
7			ss taxable income before specific deduction and section 199A deduction.		
•	Subtract line 6 from			7	
8			rally \$1,000, but see instructions for exceptions)	8	1,000.
9			duction. See instructions	9	
0	Total deductions.			10	1,000.
1			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
				11	0.
Pa	art II Tax Com				
1	Organizations tax	able as	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins		7	3	
4	Other tax amounts			4	
5	Alternative minimu			5	· w
6		•	sility income. See instructions	6	
_,	•		o 6 to line 1 or 2, which over applies. I D I I I I I I I I I I I I I I I I I	7	0

Form **990-T** (2020)

LHA For Paperwork Reduction Act Notice, see instructions.

Sign	Ur	nder penalties of perjury, I declare that I have examine rrect, and complete. Declaration of preparer (other tha	d this return, including accompanying schedules a n taxpayer) is based on all information of which pr	nd statements, and to the eparer has any knowledo	e best of my kno je.	wledge	and belief, it is true,
Here		Signature of officer	Date PRESI		<u></u>	the p	the IRS discuss this return with reparer shown below (see citions)? X Yes No
<b>D</b> _:_!		Print/Type preparer's name	Preparer's signature	Date	Check self- employ	if ad	PTIN
Paid Preparer		DONALD W. GRACIA	DONALD W. GRACIA	07/24/21	sen- employ	Gu	P00031582
Jse Only		Firm's name ► COX & GRACIA	, P.S.		Firm's EIN	<b>&gt;</b>	91-1467028
,		10655 NE 4	TH STREET, SUITE 6	11			

BELLEVUE, WA 98004

Form 990-T (2020)

(425) 454-1354

Phone no.

Firm's address