_	00		Doturn	of Organization Examp	t From Incom				OMB No. 1545-0047		
Form	99	0	Return C	of Organization Exemp	t From Incon	ie rax	ξ.		2020		
			Under section 501(c), 52	27, or 4947(a)(1) of the Internal Re	venue Code (excep	ot private	foundations	5)	2020		
Departr	nent of t	he Treasury	Do not enter	er social security numbers on this f	orm as it may be m	ade publi	с.		Open to Public		
		e Service		ww.irs.gov/Form990 for instruction					Inspection		
			r year, or tax year beginnin	2		and endin			31 , 2020		
_		pplicable:		le Faery The Adrienne Wilsor	Liver		1	D Emplo	over identification number		
	ldress c	•	Doing business as	• how if well is not delivered to streat address		Deem/auit		- Talani	13-4236788		
	ame cha tial retur	•	505 Buena Vista S	O. box if mail is not delivered to street addres tract	(5)	Room/suit	le i	E Telepi	(818)636-5624		
		n/terminated		vince, country, and ZIP or foreign postal code				G Gross			
	nended		Burbank, CA 9150					\$	197,203		
H		n pending		ncipal officer: Andrea J Wilson			H(a) Is this a gr	oup return f	for subordinates? Yes X No		
Same as C above H(b) Are all subordinates inclue											
I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See in											
J W	ebsite:		v.bluefaery.org				H(c) Group ex	xemption	number 🕨		
K Fo	orm of or	ganization: X	Corporation Trust Ass	ociation 🔲 Other 🕨	L Year of format	ion: 200	8 M Si	tate of leg	al domicile: CA		
Par	tl	Summary	1								
	1	Briefly descri	be the organization's missi	on or most significant activities:	Prevent, treat, a	and cure	e primary I	iver ca	incer,		
		specifically	Hepatocelluar Carcino	ma (HCC) through research,	education, and a	advocac	у.				
e											
Activities & Governance											
ven				discontinued its operations or disp			s net assets	S.			
ŝ				rning body (Part VI, line 1a)				3	<u>5</u> 3		
ళ న	4				governing body (Part VI, line 1b)						
vitie	5			calendar year 2020 (Part V, line 2				5	0		
Activ	6										
								7a	0		
	b	Net unrelated	d business taxable income	from Form 990-T, Part I, line 11				7b	0		
		0					Prior Year	000	Current Year		
_	8		-	1h)			214,	680	196,709		
Revenue	9	-		2g)				200	0		
eve	10			 A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11e) 		-		289	<u>494</u>		
£	11			must equal Part VIII, column (A), lir			214,	060	197,203		
	13			X, column (A), lines 1-3)	,	-	214,	909	0		
	14		0								
				K, column (A), line 4)			0,	,000	0		
Se				column (A), line 11e)					0		
Expenses			sing expenses (Part IX, col		3,141				<u> </u>		
Щ				nes 11a-11d, 11f-24e)		-	124,	379	118,758		
	18			equal Part IX, column (A), line 25)			129,		118,758		
	19			18 from line 12				590	78,445		
5						Begin	ning of Current	Year	End of Year		
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)				157,	943	258,388		
Asse d Bal	21	Total liabilitie	s (Part X, line 26)						41,105		
Pupet	22	Net assets o	r fund balances. Subtract	line 21 from line 20			157,	943	217,283		
Par	t II	Signatur	e Block								
				rn, including accompanying schedules and sta cer) is based on all information of which prep		t of my know	ledge and belie	ef, it is			
			······································								
C:			a J Wilson								
Sign			e of officer					Dat	ie		
Here	•	—	a J Wilson, President								
		Type or p Print/Type pre	print name and title	Preparer's signature	Date				PTIN		
								X if			
Paid				Kevin E. Fordyce, CPA	05-24-202		self-emp	loyed	P01469246		
Prep		Firm's name	► Kevin E. F				irm's EIN 🕨				
Use	Uniy	Firm's address		Pacific Avenue		P	hone no.	Q10 F	42 1400		
May	ha ID C	discuse this	Glendale C	own above? (see instructions)				010-0	43-1400 X Yes □ No		
			Act Notice, see the separa			<u></u>	•		Form 990 (2020)		
10110	2001000		, ist itolioo, see the separa						FUIII 990 (2020)		

Form	n 990 (2020) Blue Faery The Adrienne Wilson Liver	13-4236788	Page 2
	rt III Statement of Program Service Accomplishments		ŭ
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	Prevent, treat, and cure primary liver cancer, specifically Hepatocelluar Carcinoma (HCC) through		
	research, education, and advocacy.		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	_
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_	_
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 106,046 including grants of \$ 17,469) (Revenue	\$ 20	1 709
чα	Blue Faery provides money to research programs searching for a cure for primary liver cancer. The	ΨΖ	(1,703)
	Organization also prints liver cancer education brochures that have been transalated into three		
	languages and distributed to patients throughout the United States.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
ы		Ψ	/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 106,046		
		_	

Form	990 (2020) Blue Faery The Adrienne Wilson Liver	13-4236788	F	Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	1	X X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
U	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		
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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
•••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	C 11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		V
L	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	106		v
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<u>12b</u> 13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
5	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		X
b 21		. 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 If "Xee," complete Schedule I. Parts Land II.	01		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form	990 (2020) Blue Faery The Adrienne Wilson Liver	13-4236788	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)		1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
00	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	22		v
240	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
Ŭ	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part J	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 or any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part I.V.	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule.M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	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
35a	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	051		v
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		v
27	related organization?If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	. 37		X
30	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par				
r ai	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Image: Continued of Continue of Contender of Continue Continue of Contributions of the Con	2a b 3a b 4a b 5a
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 0 2b X Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 2b X b If at least one is reported on line 2a, differed feedal employment tax returns? 2b X X 3a Diff the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 4a X b If 'ves,' 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 X 5a X Did any tazable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 6a Vast the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X 6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were n	b 3a b 4a b 5a
Statements, filed for the calendar year ending with or within the year covered by this retum 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax retums? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 3b 4a 4 At any time during the calendar year, did the organization thave an interest in, or a signature or other authority over, a financial account? 4a X 5e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5u did any taxable party notify the organization file Form 8886-f? 5b X 5a X 6a Does the organization notude with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X 7 Organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible? 7a X 7 Organization notude with every solicit	b 3a b 4a b 5a
b If at least one is reported on line 2a, did the organization file all required federal employment tax retums? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b Did the organization have unrelated business gross income of \$1000 or more during the year? 3a X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule D 3b X 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial accounts (FBAR). 4a X 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c X b Did any taxable party notify the organization ithat it was or is a party to a prohibited tax shelter transaction? 5c X c U "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c X c U "Yes," did the organization notice with every solicitation an express statement that such con	3a b 4a b 5a
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a b 4a b 5a
3a X 3a X b If "Yes," has it field a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0	b 4a b 5a
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule D	b 4a b 5a
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule D	4a b 5a
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is for country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," enter the name of the foreign country >	b 5a
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," enter the name of the foreign country	b 5a
b If "Yes," enter the name of the foreign country	5a
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Xx b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Xx c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 5c a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Xx b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a Xx 7 Organization self, exchange, or otherwise dispose of stragible personal porperty for goods and services provided to the payor? 7a Xx b If "Yes," idid the organization notify the donor of the value of the goods or services provided? 7c Xx c Did the organization sell, exchange, or otherwise dispose of tangible personal porperty for which it was required to file Form 8282? 7c Xx d If "Yes," indicate the number of Forms 8282 filed during the yeat, may premiums, directly or indirectly, on a personal benefit contract? 7c	5a
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes" to line 5a or 5b, did the organization file Form 8886-7? 5c 5c 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year. 7d 7e X f Did the organization receive a ay trunk, directly or indirectly, on a personal benefit contract? 7f	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-7? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6b 6b 6b 7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization neceive adputte dong the donor of the value of the goods or services provided? 7b 7a X b If "Yes," indicate the number of Forms 8282 filed during the year. 7d 7e X f Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8289? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8289? 7d 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8299 as required? 7d X g If the organization received a contribution of c	D
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b X 7 Organization receive deductible contributions under section 170(c). 6b 6b X 8 If "Yes," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c X c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year. 7d X g If the organization receive any premiums, directly or indirectly, on a personal benefit contract? 7d X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7d X g If the organization neceived a contribution of acits, boats, airplanes, or other vehicles, did the organization file Form 8	~
organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 6b 7 Organizations that may receive deductible contributions under section 170(c). 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 X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year. 7d 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required? 7f X f Did the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. 8 9 g Sponsoring organization maintaining donor advised funds. 9a 9a 9a 9a 9a 9a 9a 9a <td></td>	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 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 X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year. 7d 7e X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X f It the organizations maintaining donor advised funds. Id a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9 g Sponsoring organization make any taxable distributions under section 4966? 9a 10 9a 10	69
gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a 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 X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year. 7d 7e X f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X g If the organization smaintaining donor advised funds. If a donor advised fund suite of any time during the year? 8 9 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 10 10 the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 9b	
7 Organizations that may receive deductible contributions under section 170(c). a i i i a XX XX Ta XX b If "Yes," did the organization notify the donor of the value of the goods or services provided? Ta XX c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Tc X d If "Yes," indicate the number of Forms 8282 filed during the year. Td Td Te y Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Te X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? Tf X g If the organization smaintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Th X 8 Sponsoring organization make any taxable distributions under section 4966? 9a Th 9a Th 9 Sponsoring organizations maintaining donor advised funds. 9a Th Section 501(c)(7) organizations. Enter: Section 501(c)(7) organizations. Enter: Section	b
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and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year. 7d 7e X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X g If the organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8 9 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9a	7
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year. 7d 7d 7e X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X h If the organization have excess business holdings at any time during the year? 8 9 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a<	а
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required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year. 7d 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C2. 7h X 8 Sponsoring organizations maintaining donor advised funds. 8 9 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 9a 10 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter:	b
d If "Yes," indicate the number of Forms 8282 filed during the year. 7d 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X 8 Sponsoring organization have excess business holdings at any time during the year? 8 9 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 9a 10 Bid the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 9b 9b 9b	С
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8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 8 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 6	g
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter:	
a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Image: Comparization make a distribution to a donor advisor, or related person? Image: Comparization make a distribution to a donor advisor, or related person?	9
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 9b	
10 Section 501(c)(7) organizations. Enter:	
a Initiation fees and capital contributions included on Part VIII, line 12	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	
11 Section 501(c)(12) organizations. Enter:	
b Gross income from other sources (Do not net amounts due or paid to other sources	b
against amounts due or received from them.)	40-
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13
a Is the organization licensed to issue qualified health plans in more than one state?	а
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	b
the organization is licensed to issue qualified health plans	
c Enter the amount of reserves on hand	С
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	14a
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15
excess parachute payment(s) during the year?	
If "Yes," see instructions and file Form 4720, Schedule N.	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	
If "Yes," complete Form 4720, Schedule O.	16

Form 990 (2020)

	990 (2020)Blue Faery The Adrienne Wilson Liver13-4236	788	F	Page 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	r a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructi	ons.		
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
0	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	Did the organization become aware during the year of a significant diversion of the organization's assets	6		X
6 70		0		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		v
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			~
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion 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?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line.13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
160				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		v
L.	with a taxable entity during the year?	16a		X
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	10		V
0	organization's exempt status with respect to such arrangements?	16b		X
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed California			
18	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.			
	Own website Another's website I Upon request Other (explain on Schedule O)			
19	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 the name, address, and telephone number of the person who possesses the organization's books and records			
	Monique M Beatty (818)636-5624, 505 Buena Vista Street, Burbank, CA 91505			

Form 990 (202	0) Blue Faery The Adrienne Wilson Liver	13-4236788	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensa	ted Employees, and							
	Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the									
organization's tax year.									

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box, offic	(do not chec box, unless officer and a natividual trustee or director		n is bot tor/trus	th an stee)	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Andrea J Wilson	dotted line)	tee	ustee			ensated				
President		x		x				24,000	0	0
(2) Marina Uchinik	2.00							·		
Director		Х						0	0	0
(3) Matthew Loxton	2.00									
Director	2.00	Х		_				0	0	0
(4) Monique M Beatty Secretary and Treasurer		x		x				0	0	0
<u>(6)</u>										
(7)										
<u>(8)</u>										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
(14)										
										E

	90 (2020) Blue Faery The Adrient	ne Wilson	Liver							13	3-42367	<u>′88</u>	F	age 8
Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd H	lighe	est C	compe	nsat	ted Employees (co	ntinued)				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	able ation ated	cor	(F) ated arr of other npensat	r
		(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-1		orga	nization I organi	
<u>(</u> 15)														
(16)														
(17)														
<u>(18)</u>														
<u>(19)</u>														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal							►						
С	Total from continuation sheets to Part VII, Section				•••			►	04.000					0
d 2	Total (add lines 1b and 1c) Total number of individuals (including but not limit reportable compensation from the organization	ed to those I		bove	e) w	ho re	eceive	d mo	24,000 ore than \$100,000	of	0			0 C
3	Did the organization list any former officer, direct												Yes	No
4	employee on line 1a? If "Yes," complete Schedul For any individual listed on line 1a, is the sum of re	eportable cor	mpensa	ation	and	d oth	er con	npen	sation from the			3		X
	organization and related organizations greater th individual					npiei	le Sch	eau				4		х
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-			-		ation or individual			5		X
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation										ov voor			
	compensation from the organization. Report comp	ensation for	the cal	enaa	ar ye	ear e	enaing	with	i or within the orgai (B)	nization's ta	ax year.	(C)		
	Name and business addres	s							Description of servic	es	L	Compens	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-		thos •		sted	above) wh	0					

Form 9					enne	Wilson Liver				13-423678	88 Page 9
Part	VIII	Statement of Reve									_
		Check if Schedule O co	ontair	ns a respons	se or n	ote to any line	in th	(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns			1a						3001013 312-314
	b	Membership dues			1b						
nts nts	с	Fundraising events		•	1c						
Gran	d	Related organizations			1d						
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contr	ibuti	ons)	1e						
mila	f	All other contributions, gif	ts, gi	rants,							
er Sii		and similar amounts not in	ncluc	led above	1f	196,7	09				
Othe	g	Noncash contributions inc	lude	d in							
Cont and (lines 1a-1f			1g	\$					
0.0	h	Total. Add lines 1a-1f		<u></u>		1	•	196,709			
						Business Co	ode				
	2a										
e vice	b										
Program Service Revenue	C										
Reve	d										
logi	e f	All other program convice	-								
۵.	f	All other program service Total. Add lines 2a-2f									
	y y						•				
	3	Investment income (includi				and		494	494		
	4	other similar amounts) Income from investment of tax-exempt bond proc				eeds	•				
	5	Royalties		•			•				
				(i) Rea	al	(ii) Persona	l				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	с	Rental income or (loss)	6c								
	d	Net rental income or (loss)					•				
	7a	Gross amount from		(i) Securit	ies	(ii) Other					
		sales of assets									
		other than inventory	7a								
	b	Less: cost or other basis									
е			7b								
ven		Gain or (loss)	7c								
Other Revenue		Net gain or (loss)					•				
ther	88	Gross income from fundral	ising								
0		events (not including \$	n lin	<u></u>	-						
		1c). See Part IV, line 18			8a						
	h	Less: direct expenses			8b						
		Net income or (loss) from t					►				
		Gross income from gaming		g							
		activities, See Part IV, line	-		9a						
	b	Less: direct expenses			9b						
	с	Net income or (loss) from	gami	ng activities			►				
	10a	Gross sales of inventory, la returns and allowances	10a	l							
	b	Less: cost of goods sold			10b						
	с	Net income or (loss) from	sales	s of inventor	у	<u></u>	►				
						Business C	ode				
S	11a										
nou	b										
evei	С										
Miscellanous Revenue	-	All other revenue									
		Total. Add lines 11a-11d					•	407.000	10.1	-	-
	12	Total revenue. See instruc	crions	5			►	197.203	494	0	0

Part IX

Do not inc	Check if Schedule O contains a response or note to a clude amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	nd 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	nts and other assistance to domestic organizations		·		·
	domestic governments. See Part IV, line 21				
	ints and other assistance to domestic				
indiv	viduals. See Part IV, line 22				
	ints and other assistance to foreign				
	anizations, foreign governments, and				
-	ign individuals. See Part IV, lines 15 and 16				
	nefits paid to or for members				
	npensation of current officers, directors,				
	tees, and key employees				
	npensation not included above, to disqualified				
	sons (as defined under section 4958(f)(1)) and				
•	sons described in section 4958(c)(3)(B)				
•	er salaries and wages				
	nsion plan accruals and contributions (include				
	tion 401(k) and 403(b) employer contributions)				
	er employee benefits				
	vroll taxes				
	s for services (nonemployees):				
	nagement	24,000	16,800	4,800	2,400
	al	24,000	10,000	4,000	2,400
-	counting	200		200	
	bying	200		200	
	fessional fundraising services. See Part IV, line 17.				
	estment management fees				
-	er. (If line 11g amount exceeds 10% of line 25, column	1 700		1 700	
	amount, list line 11g expenses on Schedule O.)	1,700		1,700	
	rertising and promotion	2 700	4.057	550	
		2,796	1,957	559	280
	rmation technology	4,606	3,224	921	46
	/alties				
	cupancy	505	505		
		525	525		
	ments of travel or entertainment expenses				
	any federal, state, or local public officials				
	ferences, conventions, and meetings				
	rest				
	ments to affiliates				
	preciation, depletion, and amortization				
	Irance	1,391		1,391	
	er expenses. Itemize expenses not covered				
	ve (List miscellaneous expenses on line 24e. If				
	24e amount exceeds 10% of line 25, column				
. ,	amount, list line 24e expenses on Schedule O.)				
	gram Guide	60,000	60,000		
	dical Research	6,748	6,748		
c <u>All</u>	Other Program Activities	16,554	16,554		
d <u>Vol</u>	unteers	238	238		
e All c	other expenses				
5 Tota	al functional expenses. Add lines 1 through 24e	118,758	106,046	9,571	3,141
	nt costs. Complete this line only if the				
	anization reported in column (B) joint costs n a combined educational campaign and				
	draising solicitation. Check here \blacktriangleright if				
	owing SOP 98-2 (ASC 958-720)				

Form	990 (20	D20) Blue Faery The Adrienne Wilson	n Liver	1	3-4236788	B Page 11
Part	X	Balance Sheet				-
		Check if Schedule O contains a response or note to any	line in this Part X			
		· · · · ·		(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		49,413	1	79,364
	2	Savings and temporary cash investments		108,530	2	159,024
	3	Pledges and grants receivable, net			3	· · · · · · · · · · · · · · · · · · ·
	4	Accounts receivable, net			4	20,000
	5	Loans and other receivables from any current or former	officer, director,			
		trustee, key employee, creator or founder, substantial co	ntributor, or 35%			
		controlled entity or family member of any of these perso	ns		5	
	6	Loans and other receivables from other disqualified pers	ons (as defined			
		under section 4958(f)(1)), and persons described in sec	tion 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 3	3)	157,943	16	258,388
	17	Accounts payable and accrued expenses			17	41,105
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV c	f Schedule D		21	
~	22	Loans and other payables to any current or former office	er, director,			
Liabilities		trustee, key employee, creator or founder, substantial co	ntributor, or 35%			
liabil		controlled entity or family member of any of these perso	ns		22	
	23	Secured mortgages and notes payable to unrelated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated third p	arties		24	
	25	Other liabilities (including federal income tax, payables t				
		parties, and other liabilities not included on lines 17-24).	Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0	26	41,105
		Organizations that follow FASB ASC 958, check here	\blacktriangleright			
		and complete lines 27, 28, 32, and 33.				
Ses	27	Net assets without donor restrictions		157,943	27	217,283
lano	28	Net assets with donor restrictions	_		28	
A Ba		Organizations that do not follow FASB ASC 958, check	here			
-un		and complete lines 29 through 33.				
or F	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipment			30	
Ass	31	Retained earnings, endowment, accumulated income, or			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		157,943	32	217,283
	33	Total liabilities and net assets/fund balances		157,943	33	258,388
EEA						Form 990 (2020)

Form 990 (2020)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part VII, column (A), line 12) 2 2 Total expenses (must equal Part VII, column (A), line 25) 2 3 Total expenses (must equal Part X, column (A), line 25) 3 4 145,7943 5 Net substanct line 2 from line 1 4 6 7 7 Investment expenses 6 7 7 Investment expenses 7 Investment expenses 8 (19,105) 9 0 10 Versestment expenses 2 Investment expenses 7 Investment expenses 8 (19,105) 9 0 10 Versestment expenses 2 Intrastructure 1 Accountin (B) 9 0 10 Verset hord balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 2 Intrastructure 1 Accountin	Form	990 (2020) Blue Faery The Adrienne Wilson Liver	13-4236788		Pa	age 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 197,203 2 Total expenses (must equal Part IX, column (A), line 25) 2 118,758 2 2 178,445 4 157,943 4 157,943 5 5 5 6 7 6 7 7 7 8 Prior period adjustments 6 7 7 7 9 0 0 10 Net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances (explain on Schedule O) 9 0 11 Account [OII] 0 10 217,283 Part XIII Financial Statements and Reporting	Par	t XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 118,758 3 Revenue less expenses. Subtract line 2 from line 1 3 78,445 4 157,943 4 157,943 5 5 5 6 7 7 7 8 (19,105) 9 0 0 10 vestments 6 7 7 7 8 (19,105) 9 0 10 Net assets or fund balances (explain on Schedule O) 9 0 10 vest assets or fund balances (explain on Schedule O) 9 0 10 vest assets or fund balances at end of year. Combine line 3 through 9 (must equal Part X, line 32, column (B)) 10 217,283 Part XII Financial Statements and Reporting		Check if Schedule O contains a response or note to any line in this Part XI				
3 78,445 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 157,943 5 Net unrealized gains (losses) on investments 5 6 7 6 7 8 Prior period adjustments 6 7 9 0 0 0 10 Net ansestes 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)) 10 217,283 Part XII Financial Statements and Reporting 10 217,283 Check if Schedule O contains a response or note to any line in this Part XII 10 217,283 Part XII Financial Statements compiled or reviewed by an independent accountart? 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Otter 1 1f the organization's financial statements compiled or reviewed by an independent accountart? 2a X X 1 Yes, 'tock a box below to indicate whether the financial statements for the year were compiled or reviewed basis. 2b X 1	1	Total revenue (must equal Part VIII, column (A), line 12)	1		197,2	203
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 157,943 5 5 5 6 7 5 7 8 7 8 Prior period adjustments 6 9 0 0 10 Net sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 8 9 0 10 217,283 Part XII Financial Statements and Reporting 10 21 Accounting method used to prepare the Form 990: Cash Accrual Other 1 Accounting method used to prepare the Form 990: Cash Accrual Other 1 Accounting financial statements compiled or reviewed by an independent accountant? 2a X 1 Yes No 2a X 1 Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. Or both: 2a X 1 Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X 1 Yes, 'check	2	Total expenses (must equal Part IX, column (A), line 25)	2		118,7	758
5 Net unrealized gains (losses) on investments 5 6 6 7 7 1nvestment expenses 7 8 (19,105) 9 0 10 Vest sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 0 10 Vest assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 217,283 Part XII Financial Statements and Reporting 10 217,283 Check if Schedule O contains a response or note to any line in this Part XII 1 10 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 the organization's financial statements compiled or reviewed by an independent accountant? 2a X 16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: 2a X 17 "Yes," tokex a box below to financial statements audited by an independent accountant? 2b X 16 "Yes," tokex a box below to indicate whether the financial statements for the year were audited on a separate basis. b Were the organization's financial statements andieed beaccountant?	3	Revenue less expenses. Subtract line 2 from line 1	3		78,4	445
6 Donated services and use of facilities	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		157,9	943
7 Investment expenses 7 8 Prior period adjustments 8 (19,105) 9 0 0 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)) 10 217,283 Part XII Financial Statements and Reporting 10 217,283 Check if Schedule O contains a response or note to any line in this Part XII 10 217,283 Part XII Financial Statements and Reporting 10 217,283 Check if Schedule O contains a response or note to any line in this Part XII 10 217,283 Part XII Financial Statements and Reporting 10 217,283 Check if Schedule O contains a response or note to any line in this Part XII 10 217,283 2a Waster the organization's financial statements compiled or reviewed by an independent accountart? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments 8 (19,105) 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)) 10 217,283 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 217,283 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, colurm (B)) 20 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Cash X Accounting method used to prepare the Form 990: 10 Cash X Accounting method used to prepare the Form 990: 10 Cash X Accounting method used to prepare the Form 990: 11 Accounting method used to prepare the Form 990: 12 Cash X Accounting method used to prepare the Form 990: 13 Cash 14 Accounting method used to prepare the Form 990: 15 Cash 16 Yes 17 Yes 18 Schedule O. 20 Ware the organization's financial statements compiled or reviewed by an independent accountant? 11 Yes 16 Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 16 Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both: 18 Yes, 'check a box below to indicate whether the financial statements and selection of a independent accountant? <td>7</td> <td>Investment expenses</td> <td>7</td> <td></td> <td></td> <td></td>	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 217,283 Part XII Financial Statements and Reporting	8	Prior period adjustments	8		(19,1	05)
32, column (B)) 10 217,283 Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: State	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Xet 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate basis Both consolidated and separate basis 2c 2c If "Ye		32, column (B))	10		217,2	283
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Par	t XII Financial Statements and Reporting				
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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis a X 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 basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c c If the organiz		Check if Schedule O contains a response or note to any line in this Part XII	1			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Image: Construct of the prior of the priore of the prior of the p					Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate basis Both consolidated and separate basis 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b		If the organization changed its method of accounting from a prior year or checked "Other," explain in				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis, or consolidated basis, or both: Image: Consolidated basis, or		Schedule O.				
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2c 2c c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3a X </td <td>2a</td> <td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td> <td></td> <td>2a</td> <td></td> <td>Х</td>	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
Separate basis Consolidated basis Both consolidated and separate basis 2b X 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 basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
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 basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 1 1 c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c 2c 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3a X		reviewed on a separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolid		Separate basis Consolidated basis Both consolidated and separate basis				
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the Image: Common text of the organization and the organization audits? Image: Common text of the organization audits?	b	Were the organization's financial statements audited by an independent accountant?		2b		Х
Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Image: Consol		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
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the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on 2c Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 4 4		Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Image: Comparization changed either its oversight process or selection process during the tax year, explain on 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Image: Single Audit 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 Image: Single Audit Act and Process and	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the a a X Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the a a		the audit, review, or compilation of its financial statements and selection of an independent accountant?	•	2c		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a X Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the a		If the organization changed either its oversight process or selection process during the tax year, explain on				
Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3a X		Schedule O.				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a					
		Single Audit Act and OMB Circular A-133?		3a		Х
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
		required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	••	3b		

	Δ.
	A

Form 990 (2020)

SCHEDULE A (Form 990 or 990-EZ)			ublic Charity Status and Public Support			OMB No. 1545-0047		
		Complete if the organizat	 ion is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. 					Open to Public
Department of Internal Reve	of the Treasury enue Service	► Go t		vw.irs.gov/Form990 for instructions and the latest information.				Inspection
Name of the							Employer identification	
Blue Fae		nne Wilson Liver					13-423678	8
Part I	Reason	or Public Charity	Status. (All orga	anizations must con	nplete th	is part.) Se	e instructions.	
-				s 1 through 12, check onl	•			
				Irches described in secti				
_		. ,		chedule E (Form 990 or				
_	•		•	n described in section 17 n with a hospital describ		. ,	A)(iii) Enter the	
4		e, city, and state:						
5	•	· ·	efit of a college or u	iniversity owned or opera	ated by a d	overnmental	unit described in	
	-	(1)(A)(iv). (Complete F	-	, , ,				
6	A federal, stat	e, or local government	or governmental u	nit described in section	170(b)(1)(A)(v).		
7 X	An organizatio	n that normally receive	s a substantial part	of its support from a gov	/ernmental	unit or from t	he general public	
_		ection 170(b)(1)(A)(vi).		,				
8 🗌	•	rust described in section						
9	0	0		on 170(b)(1)(A)(ix) operation			0	ge
		r a non-land-grant colle	ege of agriculture (s	ee instructions). Enter the	e name, ci	ly, and state c	of the college or	
10 🗌	university:	n that normally receive	s: (1) more than 33	1/3% of its support from	contributi	ons members	shin fees and gros	<u> </u>
	•	•	()	subject to certain exception				
			•	siness taxable income (le				
	acquired by th	e organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Comp	olete Part I	II.)		
11 🗌	An organizatio	on organized and opera	ated exclusively to	test for public safety. Se	e section &	509(a)(4).		
12	An organizatio	n organized and opera	ted exclusively for t	he benefit of, to perform	the functio	ns of, or to ca	arry out the purpose	es
	of one or more	e publicly supported or	ganizations describ	ped in section 509(a)(1)	or section	509(a)(2). Se	e section 509(a)(3	i).
		•		e type of supporting orga				•
а				ised, or controlled by its		•		ing
		•		appoint or elect a major	rity of the c	lirectors or tru	istees of the	
h	、	organization. You mu	•	 Sections A and B. ntrolled in connection wi 	th ito ouron	orted organiz	votion(a) by baying	
b		11 0 0	•	on vested in the same pe		0		
		on(s). You must compl		•			lage the supported	4
с	-			zation operated in conne	ection with	, and functior	ally integrated wit	h,
				u must complete Part IV,			, ,	
d	Type III no	on-functionally integrat	ed. A supporting or	ganization operated in c	onnection	with its supp	orted organization	(s)
	that is not	functionally integrated.	The organization g	enerally must satisfy a d	istribution	equirement a	nd an attentivenes	6
	requireme	nt (see instructions). Y	ou must complete	Part IV, Sections A and	D, and Pa	rt V.		
е		-		determination from the IF		а Туре I, Тур	be II, Type III	
,			•	ntegrated supporting orga				
f		per of supported organ lowing information abo		appization(a)		•••		
<u>g</u>	Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization (v) Amount of monetary	(vi) Amount of
()		organization		(described on lines 1-10		r governing	support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No		
(A)								
(A)								
(B)								
(-)								
(C)								
(D)								
(E)								
Total								
For Paper	work Reductio	n Act Notice, see the In	structions for Form	990 or 990-EZ.			Schedule	e A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Blue Faery 7 Part II Support Schedule for Organization	The Adrienne Work ons Described		170(b)(1)(A)(iv) and 170(b	13-4236788)(1)(A)(vi)	Page	<u>; 2</u>
(Complete only if you checked the Part III. If the organization fails to				-	•	y under	
Section A. Public Support	, , , , , , , , , , , , , , , , , , , ,		, , ,		,		_
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1 Gifts, grants, contributions, and			(-)	(-,		()	
membership fees received. (Do not							
include any "unusual grants.")	16,231	14,913	115,955	166,698	196,709	510,506	3
2 Tax revenues levied for the		,0.0	,	,		0.0,000	<u>-</u>
organization'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	16,231	14,913	115,955	166,698	196,709	510,506	3
5 The portion of total contributions by		,0 . 0				0.0,000	<u>-</u>
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)						316,572	,
6 Public support. Subtract line 5 from line 4						193,934	_
Section B. Total Support						100,00-	<u>r</u>
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	—
7 Amounts from line 4	16,231	14,913	115,955	166,698	196,709	510,506	
8 Gross income from interest, dividends,	10,201	11,010	110,000	100,000	100,700	010,000	<u>_</u>
payments received on securities loans,							
rents, royalties, and income from							
similar sources	103	95	94	289	494	1,075	5
9 Net income from unrelated business	100	50		200		1,070	<u> </u>
activities, whether or not the business							
is regularly carried on							
10 Other income. Do not include gain or							
loss from the sale of capital assets							
(Explain in Part VI.)	326					32	26
11 Total support. Add lines 7 through 10	520					511,907	_
12 Gross receipts from related activities, etc. (s	ee instructions)				12	511,907	
13 First five years. If the Form 990 is for the org				tax vear as a)	
organization, check this box and stop here	•			•		, ▶[
Section C. Computation of Public Support P				•			
14 Public support percentage for 2020 (line 6, c		ed by line 11.	column (f))		14	37.88	%
15 Public support percentage from 2019 Sched		•			15	96.72	
16a 33 1/3% support test - 2020. If the organizat				• 14 is 33 1/3%			
box and stop here. The organization qualifie							Х
b 33 1/3% support test - 2019. If the organizat		•••					
this box and stop here. The organization qua						► [П
17a 10%-facts-and-circumstances test - 2020. If			-				
10% or more, and if the organization meets	-						
Part VI how the organization meets the facts				-	-	4	
organization			-			- ▶ [
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line							
15 is 10% or more, and if the organization m	-					in	
in Part VI how the organization meets the fa							
organization			-			.ou ► [
18 Private foundation. If the organization did no				7b check this	box and see	F	
instructions				,		▶ [Π

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Blue Faery 7	he Adrienne	Wilson Liver			13-4236788	Page 3
Part III Support Schedule for Organizat	ions Describ	ed in Section	509(a)(2)			
(Complete only if you checked t	he box on lin	e 10 of Part I	or if the orga	nization faile	d to qualify und	er Part II.
If the organization fails to qualify	y under the te	ests listed bel	low, please co	omplete Part	II.)	
Section A. Public Support			<i>.</i>	•	,	
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees		(,	(0) = 0 + 0	(0) = 0 + 0		
received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise						
sold or services performed, or facilities						
fumished in any activity that is related to the organization's tax-exempt purpose						
o 1 1 1						
3 Gross receipts from activities that are not an						
unrelated trade or business under section 513.						
4 Tax revenues levied for the						
organization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the						
organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3						
received from disqualified persons						
b Amounts included on lines 2 and 3						
received from other than disqualified						
persons that exceed the greater of \$5,000						
or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from						
line 6.)						
Section B. Total Support	() 0040	(1) 0047	() 0040	(1) 0040	() 0000	
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends,						
payments received on securities loans, rents,						
royalties, and income from similar sources						
b Unrelated business taxable income (less						
section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether						
or not the business is regularly carried on						
12 Other income. Do not include gain or						
loss from the sale of capital assets						
(Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11,						
and 12.)			6 41 6 6 1			
14 First 5 years. If the Form 990 is for the organ				ax year as a se	ection $501(C)(3)$	_
organization, check this box and stop here			<u></u>			▶ _
Section C. Computation of Public Support P						
15 Public support percentage for 2020 (line 8, c	olumn (f), divi	ded by line 13,	column (f))		15	%
16 Public support percentage from 2019 Sched					16	%
Section D. Computation of Investment Incor	ne Percentag	je				
17 Investment income percentage for 2020 (line	e 10c, column	(f), divided by I	line 13, columr	n (f))	17	%
18 Investment income percentage from 2019 S		•••••••			18	%
19a 33 1/3% support tests - 2020. If the organiza					than 33 1/3%, an	
17 is not more than 33 1/3%, check this box						
b 33 1/3% support tests - 2019. If the organiza						
line 18 is not more than 33 1/3%, check this						
20 Private foundation. If the organization did no						_

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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 Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified 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. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (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). 7 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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. 9a 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. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b EEA Schedule A (Form 990 or 990-EZ) 2020

Blue Faery The Adrienne Wilson Liver

Schedule A (Form 990 or 990-EZ) 2020

13-4236788

Page 4

	A (Form 990 or 990-EZ) 2020 Blue Faery The Adrienne Wilson Liver	13-4236788		P	age 5
Pa	t IV Supporting Organizations (continued)			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			163	110
	A person who directly or indirectly controls, either alone or together with persons described in lines 1	1b and			
u	11c below, the governing body of a supported organization?		1a		
b	A family member of a person described in line 11a above?		1b		
	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,				
	detail in Part VI.	-	1c		
Sec	tion B. Type I Supporting Organizations				
				Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o	one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of	officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s	\$)			
	effectively operated, supervised, or controlled the organization'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 am	ong the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		1		
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain				
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated	1, l			
	supervised, or controlled the supporting organization.		2		
Sec	tion C. Type II Supporting Organizations				
				Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the di				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how c				
	or management of the supporting organization was vested in the same persons that controlled or ma	-			
<u> </u>	the supported organization(s). tion D. All Type III Supporting Organizations		1		
Sec				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month	of the		165	INU
	organization's tax year, (i) a written notice describing the type and amount of support provided during				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copy				
	organization's governing documents in effect on the date of notification, to the extent not previously p		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the su		1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in F				
	the organization maintained a close and continuous working relationship with the supported organization				
3	By reason of the relationship described in line 2, above, did the organization's supported organization		2		
Ŭ	a significant voice in the organization's investment policies and in directing the use of the organization				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organizatio				
	supported organizations played in this regard.		3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	ne vear (see instr	uctio	ons).	
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.				
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	rnment entity (se	e ins	structi	ions).
2	Activities Test. Answer lines 2a and 2b below.		Г	Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purp	oses of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ider	ntify			
	those supported organizations and explain how these activities directly furthered their exempt purpos				
	how the organization was responsive to those supported organizations, and how the organization de	termined			
	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 involved	/ement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," e	xplain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have enga	ged in			
	these activities but for the organization's involvement.		2b		

- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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 Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

ard. 3b 3b 2000 Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 Blue Faery The Adrienne Wilson Liver		13-4236	788 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	IS	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (expla	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organiz	ations r	nust complete Sections	A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally		ated Type III supporting	organization
(see instructions).	- 315	,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Blue Faery The Adrienne Wilson Part V Type III Non-Functionally Integrated 509(a)(3) Statements		13-4 ons (continued)	2367	788 Page 7
Section D - Distributions	apporting organization			Current Year
1 Amounts paid to supported organizations to accomplish exen	nt nurnoses		1	
 Amounts paid to perform activity that directly furthers exempt 	· · · ·		· ·	
organizations, in excess of income from activity			2	
3 Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	3	
	s of supported organizat	10115	4	
	rovido dotoilo in Dort \/l\			
	iovide 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	e organization is respons	Sive		
(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	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	;	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020				
(reasonable cause required - explain in Part VI). See				
instructions.				
3 Excess distributions carryover, if any, to 2020				
a From 2015				
<u>d</u> From 2018				
e 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: \$				
a Applied to underdistributions of prior years				
b Applied to 2020 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2020, if				
any. Subtract lines 3g and 4a from line 2. 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:				
a Evenes from 2010				
b Excess from 2017				
<u>c Excess from 2018</u>				
d Excess from 2019				
e Excess from 2020				
EEA			Sched	ule A (Form 990 or 990-EZ) 2020

Schedule A (Forr	n 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions on	2020
Description of the Terrory	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. 	Open to Public
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization		Employer identification number
Blue Faery The Adrien	në vviison Liver	13-4236788
01. Form 990 governin	g body review (Part VI, line 11)	
The Board of Directors	reviews the 990 each year before submission.	
	nts, etc, available to public (Part VI, line 19)	
Governing documents	are available to the public by request at the Organization's main	
office.		

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-0047
Form 00/9-EU	For calendar year 2020, or fiscal year beginning 01-01-2020 , and ending 12-31-2	2020	
	 Do not send to the IRS. Keep for your records. 	2020	2020
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization or p		Taxpayer identification	n number
Blue Faery The Adrien	ne Wilson Liver	13-4236788	
Name and title of officer or person	subject to tax		
Andrea J Wilson, Pres	dent eturn and Return Information (Whole Dollars Only)		
Check the box for the return check the box on line 1a, blank, then leave line 1b, return, then enter -0- on the 1a Form 990 check here 2a Form 990-EZ check here 3a Form 1120-POL check	n for which you are using this Form 8879-EO and enter the applicable amount, if any, free 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed verses 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you e e applicable line below. Do not complete more than one line in Part I. ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) there F b Total revenue, if any (Form 990-EZ, line 9)	with this form was entered -0- on the 1b 2b 3b	9 197,203
4a Form 990-PF check h			
5a Form 8868 check here		5b	
6a Form 990-T check he 7a Form 4720 check here		6b 7b	
	n and Signature Authorization of Officer or Person Subject to Tax	/L)
Under penalties of perjury,		biect to tax with re	espect to
true, correct, and complete	n and accompanying schedules and statements, and, to the best of my knowledge and I further declare that the amount in Part I above is the amount shown on the copy of th mediate service provider, transmitter, or electronic return originator (ERO) to send the re	belief, they are le electronic retur	n.
processing the return or re Agent to initiate an electro software for payment of the a payment, I must contact to (settlement) date. I also au confidential information ne	an acknowledgement of receipt or reason for rejection of the transmission, (b) the reaction of the transmission, (c) the date of any refund. If applicable, I authorize the U.S. Treasury and it in the funds withdrawal (direct debit) entry to the financial institution account indicated in the federal taxes owed on this return, and the financial institution to debit the entry to this are the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior thorize the financial institutions involved in the processing of the electronic payment of the essary to answer inquiries and resolve issues related to the payment. I have selected a as my signature for the electronic return and, if applicable, the consent to electronic further than the transmission of the electronic further than the electronic further than the electronic further than the electronic further than the electronic further the electronic further the electronic further than the electronic further the electronic further the electronic further than the electronic further the electronic further the electronic further than the electronic further the electronic fur	ts designated Fin- ne tax preparation ccount. To revoke or to the payment taxes to receive a personal	ancial
PIN: check one box only			
X I authorize Kevi	ERO firm name to enter my PIN 91505 ERO firm name ERO firm name	_ as my signature	3
state agency(ies)	20 electronically filed retum. If I have indicated within this retum that a copy of the return regulating charities as part of the IRS Fed/State program, I also authorize the aforement a disclosure consent screen.		
electronically filed	rson subject to tax with respect to the organization, I will enter my PIN as my signature return. If I have indicated within this return that a copy of the return is being filed with a s as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure co	state agency(ies)	
Signature of officer or person subj	ct to tax 🕨 Date 🕨	05-23-2021	
Part III Certificati	on and Authentication		
•	ur six-digit electronic filing identification your five-digit self-selected PIN. <u>9665</u>	80 91202 Do not ente	r all zeros
•	neric entry is my PIN, which is my signature on the 2020 electronically filed return indica uturn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Info siness Returns.		
ERO's signature	Date ►	05-24-2021	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do S		
For Paperwork Reduction	Act Notice, see instructions.		Form 8879-EO (2020)
EEA			