990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 2020

Open to Public Inspection

Α	For t	the 2	020 calendar y	ear, or tax yea	ar beginn	ing	C	7-01	, 2020, a	ınd endi	ng	06	5-30 ,2	2021	
В	Check	if app	olicable:	C Name of orga	nization GA	DSDEN STATE	CARDINAL FO	UNDAT	CION) Emplo	yer identific	ation num	ıber
	Addre	ss cha	ange	Doing busine									46-07	30246	
П	Name		•	·		D. box if mail is not delive	ered to street address)			Room/sui	ite E	Telenh	none number		
Ħ	Initial	_		PO BOX 2	,	5. 50x 11 mail 10 mot dom.	3.00 to 01.00t add. 000)			1100111001		- тогорг		549-82	247
Ħ			terminated			rince, country, and ZIP of	r foreign poetal code					G Gross		<u> </u>	
H				•			i loreign postal code				,		receipis	70'	2 252
H	Amend			Gadsden,			201777				11/)	\$			3,352 X No
Ш	Applic	ation p	pending			ncipal officer: MARK	CONDRA				H(a) Is this a gro			$\overline{}$	$\overline{}$
				Same as		_	$\overline{}$				H(b) Are all su	ıbordinate	es included?	Yes	. ∐ No
<u> </u>	Tax-ex				. , ,) (insert no.)	4947(a)(1) or	527	,		If "No," at	ttach a lis	t. See instruc	tions	
<u>J</u>	Webs				te.edu	/foundation/					H(c) Group ex	emption r	number		
			anization: X Cor	poration L Tru	ıst Ass	ociation U Other	•	LY	ear of formation	on: 20 1	L2 M St	ate of leg	al domicile:	AL	
Pa	art I		Summary												
	1	1 E	Briefly describe t	he organizatio	n's missic	n or most significa	nt activities:	CHOL	ARSHIPS	FOR	STUDENTS	ATTI	ENDING	GADSD	EN
æ		STATE COMMUNITY COLLEGE													
Governance		_													
Ĕ		_													
Š	2	2 (Check this box 🕨	if the org	anization	discontinued its op	erations or dispos	ed of m	ore than 25	5% of its	net assets.				
	3	3 N	Number of voting	members of t	he gover	ning body (Part VI,	line 1a)					3			20
Ś	4	4 N	Number of indep	endent voting	members	of the governing b	ody (Part VI, line 1	b)				4			20
ij			•	•		calendar year 2020	• '	,				5			0
Activities &			Total number of	•	•	•						6			23
¥				,		art VIII, column (C						7a		-	0
	'					rom Form 990-T, P	· ·					7b			0
_	+	D 1	vet uniterated bu	Silless laxable	income i	101111 01111 990-1, 1	arri, iiile ii ••		<u></u>			 ''' 	0		
	١,		Pantuihi itiana an	d aroute (Dort	\/III line 1						Prior Year	104	Cu	irrent Year	
ø			Contributions an	•		,					13,	124		67	7,980
Revenue			-			2g)									0
eve	10), lines 3, 4, and 7d					3,	711		11!	5,372
ď	11					es 5, 6d, 8c, 9c, 10									0
	12	2 T	otal revenue - a	ıdd lines 8 thro	ugh 11 (n	nust equal Part VIII	, column (A), line 1	12)		•	76,	835		793	3,352
	13	3	Grants and similar	ar amounts pa	id (Part I)	K, column (A), lines	1-3)			-	21,	162		2	5,255
	14	4 E	Benefits paid to or for members (Part IX, column (A), line 4)												0
G	15	5 S	Salaries, other c	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)											0
Expenses	16	6a F	Professional fundraising fees (Part IX, column (A), line 11e)											:	3,228
Sen		b T	otal fundraising	expenses (Pa	rt IX, colu	mn (D), line 25)	>		3,228						
ă	17	7 (Other expenses	(Part IX, colum	nn (A), lin	es 11a-11d, 11f-24e	e)				23,	703			9,285
	18	в т	otal expenses.	Add lines 13-1	7 (must e	equal Part IX, colun	nn (A), line 25)					865			7,768
	19	9 F	Revenue less ex	penses. Subtr	act line 1	8 from line 12						970			5,584
	_			•						Begi	nning of Curren		En	d of Year	-,
tso	E 20	о т	Total assets (Par	t X. line 16)							361,	- 1			7,236
1886	E 2		Total liabilities (P	,							301,	032			,, <u>230</u>
Į.	Fund Balances		•	,	Subtract li	ne 21 from line 20				_	361,	652		1 11'	7,236
	art II	_	Signature		oubti dot iii	10 21 110111 11110 20				-	301,	032		1,11	1,230
					ed this retur	n, including accompanyir	ng schedules and stater	nents, and	d to the best o	f my knowl	edge and belief,	it is			
true	e, corre	ct, and	d complete. Declarat	ion of preparer (otl	her than offic	cer) is based on all inform	nation of which prepare	r has any	knowledge.						
Sig	nr		MARK CO Signature of o									l Dat			
	-		Ü									Dat	.0		
He	16			ONDRA, PRI	ESIDEN	T									
				name and title				- 1-				_			
_			Print/Type prepare	rs name		Preparer's signature			Date		Check	∐ if	PTIN		
Pa			Robert W	Blount				0:	3-03-20	22	self-empl	oyed	P015	58911	
	epar		Firm's name	Cai	mbridg	e Services I	LLC			F	irm's EIN				
Us	e Oı	nly	Firm's address	PO	Box 7	016				F	Phone no.				
				Ra	inbow	City AL 3590	06					<u> 25</u> 6-!	543-929	9	
May	the I	RSc	discuss this retu			wn above? (see ins									X No

Form 990 (2020)

GADSDEN STATE CARDINAL FOUNDATION

46-0730246

O) GADSDEN STATE CARDINAL FOUNDATION
Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	,		X
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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,			
	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	441		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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		
٨	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.41		
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		Х
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			Х
-	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		х
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		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

46-0730246

O) GADSDEN STATE CARDINAL FOUNDATION
Checklist of Required Schedules (continued) Part IV

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

20) GADSDEN STATE CARDINAL FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

2a Enter the r	web an of annular case recented an Farm M.O. Transportited of Managerial Tarr		
	umber of employees reported on Form W-3, Transmittal of Wage and Tax		
Statement	, filed for the calendar year ending with or within the year covered by this return •••••• 2a 0		
	ne is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
	sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		
_	anization have unrelated business gross income of \$1,000 or more during the year?	3a	Х
	s it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
-	during the calendar year, did the organization have an interest in, or a signature or other authority over,		
	account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х
	er the name of the foreign country		
	tions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_	
	ganization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
	able party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
	ne 5a or 5b, did the organization file Form 8886-T?	5c	
	rganization have annual gross receipts that are normally greater than \$100,000, and did the		
_	n solicit any contributions that were not tax deductible as charitable contributions?	6a	Х
	the organization include with every solicitation an express statement that such contributions or		
-	ot tax deductible?	6b	
-	ons that may receive deductible contributions under section 170(c).		
	anization receive a payment in excess of \$75 made partly as a contribution and partly for goods as provided to the payor?	7.	
	the organization notify the donor of the value of the goods or services provided?	7a 7b	Х
	anization sell, exchange, or otherwise dispose of tangible personal property for which it was	76	
	file Form 8282?	7c	v
	icate the number of Forms 8282 filed during the year	70	Х
	anization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	х
	anization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
	ization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
-	ation received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h	X
	g organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
•	organization have excess business holdings at any time during the year?	8	
	g organizations maintaining donor advised funds.		
a Did the spo	nsoring organization make any taxable distributions under section 4966?	9a	
b Did the spo	nsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 50	1(c)(7) organizations. Enter:		
a Initiation fe	es and capital contributions included on Part VIII, line 12		
b Gross rece	ipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • • • • • • • • • • • •		
11 Section 50	1(c)(12) organizations. Enter:		
	me from members or shareholders		
	me from other sources (Do not net amounts due or paid to other sources		
-	ounts due or received from them.)		
	47(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
	er the amount of tax-exempt interest received or accrued during the year		
	1(c)(29) qualified nonprofit health insurance issuers.	40	
•	nization licensed to issue qualified health plans in more than one state?	13a	
	he instructions for additional information the organization must report on Schedule O.		
	mount of reserves the organization is required to maintain by the states in which		
	ation is licensed to issue qualified health plans		
	anization receive any payments for indoor tanning services during the tax year?	14a	
	s it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a	X
	nization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		
_	achute payment(s) during the year?	15	х
•	e instructions and file Form 4720, Schedule N.		47
	nization an educational institution subject to the section 4968 excise tax on net investment income?	16	х
	mplete Form 4720, Schedule O.		

46-0730246

Part VI

20) GADSDEN STATE CARDINAL FOUNDATION 46-073024
Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	,		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management	• • •		· 🔼
	ton / a do to ming 200 y and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		163	140
	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			
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			
	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
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			Λ
-	the year by the following:			
а	The governing body?	8a	х	
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		х
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		X
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	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		х
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		х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	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		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Alabama			
10	Section 6104 requires an experimental make its Forms 1022 (1024 or 1024 A if applicable) 000, and 000 T (Section 501/a)			

17	List the states with which a copy of this Form 990 is required to be filled Alabama
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 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

CAMBRIDGE SERVICES LLC (256)543-9299, 756 WALNUT STREET, Gadsden, AL 35901

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

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

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

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

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

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

(1) JONATHAN TANG					((C)					
Name and sille		(=)									-
Once and a director/nusteen Once and a director Once and a director/nusteen Once and a d		' '	(do r	not che			nan one				
Pot week Pot week	Name and title	1 -		,							
Control Cont			OIIIC	ei aiic	ı a uli	ector	/iiusiee)			1 '	
(1) JONATHAN TANG		(list any	0 =	=	0	_	Ф Т	П			
(1) JONATHAN TANG			r dire	nstitu	Office	еу е	lighe mplo	orm	(W-2/1099-MISC)	(W-2/1099-WISC)	-
(1) JONATHAN TANG		1	dual	tion	Ť	mpk	st co	e,			Ü
(1) JONATHAN TANG		1 *	trust	l tr		уее	ompe				
(1) JONATHAN TANG		dotted line)	ee	stee			ensa				
Director X							ted				
Director X											
C DAVIS VARNER	(1) JONATHAN TANG	1.00									
DIRECTOR	DIRECTOR		х						0	0	0
3 RICKY RAY	(2) DAVIS_VARNER	_									
DIRECTOR	DIRECTOR		Х						0	0	0
(4) GAYLE MACOLLY	(3) RICKY RAY	1 .00									
DIRECTOR	DIRECTOR		х						0	0	0
S NANDA PATEL	(4) GAYLE MACOLLY	1 .00									
DIRECTOR	DIRECTOR		Х						0	0	0
CO DIRECTOR	(5) NANDA PATEL	1 .00									
DIRECTOR	DIRECTOR		Х						0	0	0
The content of the	(6) BESS_YARBROUGH	1 .00									
DIRECTOR			Х						0	0	0
(8) KATHY MURPHY X 0 0 0 EX OFFICIO X 0 0 0 EX OFFICIO X 0 0 0 EX OFFICIO X 0 0 0 [10] BUD OWSLEY 1.00 0 0 0 DIRECTOR X 0 0 0 (11) THEREASA HULGAN X 0 0 0 DIRECTOR X 0 0 0 0 (12) TRUDY LOWE 1.00 0 0 0 0 (13) ERIC CRABTREE 1.00 0 0 0 DIRECTOR X 0 0 0 0 (14) TIM BURGESS 0 0 0 0 DIRECTOR X 0 0 0	(7) KRISTEN FILLINGIM	_									
EX OFFICIO			Х						0	0	0
(9) HEATHER NEW X 0 0 0 EX OFFICIO X 0 0 0 (10)BUD OWSLEY 1.00 0 0 0 0 DIRECTOR X 0 0 0 0 (11)THEREASA HULGAN X 0 0 0 0 DIRECTOR X 0 0 0 0 (12)TRUDY LOWE 1.00 0 0 0 0 DIRECTOR X 0 0 0 0 (13)ERIC CRABTREE 1.00 0 0 0 0 DIRECTOR X 0 0 0 0 0 IMECTOR X 0 0 0	(8) KATHY MURPHY	_									
EX OFFICIO			Х						0	0	0
1.00	(9) HEATHER NEW	_L									
DIRECTOR X 0 0 0 (11) THEREASA_HULGAN X 0 0 0 DIRECTOR X 0 0 0 (12) TRUDY_LOWE 1.00 0 0 0 DIRECTOR X 0 0 0 (13) ERIC_CRABTREE 1.00 0 0 0 DIRECTOR X 0 0 0 (14) TIM_BURGESS 0 0 0 DIRECTOR X 0 0 0	EX OFFICIO		Х						0	0	0
Color	(10)BUD_OWSLEY	1 .00									
DIRECTOR X 0 0 0 (12)TRUDY LOWE 1.00 0 0 0 DIRECTOR X 0 0 0 (13)ERIC CRABTREE 1.00 0 0 0 DIRECTOR X 0 0 0 (14)TIM BURGESS 0 0 0 0 DIRECTOR X 0 0 0	DIRECTOR		Х						0	0	0
(12)TRUDY LOWE 1.00 DIRECTOR X (13)ERIC_CRABTREE 1.00 DIRECTOR X (14)TIM BURGESS DIRECTOR X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(11) THEREASA HULGAN	_									
DIRECTOR X 0 0 0 (13)ERIC_CRABTREE 1.00 0<	DIRECTOR		Х						0	0	0
Comparing the	(12)TRUDY_LOWE	_									
DIRECTOR X 0 0 0 (14)TIM BURGESS X 0 0 0 DIRECTOR X 0 0 0			Х						0	0	0
(14)TIM_BURGESS X 0 0 0	(13)ERIC_CRABTREE	_									
DIRECTOR X 0 0			Х						0	0	0
	(14)TIM BURGESS										
	DIRECTOR		X						0	0	

EEA Form **990** (2020)

Part VII Section	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					((C)								
	(A)	(B)				sition			(D)	(E)			(F)	
N	ame and title	Average	,				nan one s both ar		Reportable	Reportat	ole	Estim	ated amo	ount
•••		hours					/trustee)		compensation	compensa		200	of other	Jun
		per week							from the	from relat			npensati	on
		(list any	9 5		0	<u>v</u>	고	Ţ	organization (W-2/1099-MISC)	organizati (W-2/1099-N			rom the nization a	and
		hours for	divic	stitu	Officer	еу е	ighe nplo	Former	(** £/1000 WIICO)	(** 2) 1000 1		-	d organiz	
		related organizations	ctor	tiona		≺ey employee	st co yee	*						
		below	Individual trustee or director	Institutional trustee		yee	mpe							
		dotted line)	96	stee			Highest compensated employee							
							ed							
(15)STEVE HILDEBRA	ANDT													
DIRECTOR	<u> </u>		х						0		0			0
(16)LARRY GUFFEY		1.00												
		1 - <u>0</u> 0							•		0			•
DIRECTOR		1 00	Х						0		U			0
(17)GERRI LANGLEY		1 .00									•			•
EX OFFICIO			Х						0		0			0
		<u>1 .0</u> 0									•			^
DIRECTOR			Х						0		0			0
		<u>1 .0</u> 0									•			•
DIRECTOR		1 00	Х						0		0			0
(20)BRYAN DORSETT VICE-PRESIDENT		<u>1</u> .00			х				0		0			0
(21)		2.00							<u> </u>					
PRESIDENT		<u>2 </u>			х				0		0			0
(22)		1.00							•					
SECRETARY					х				0		0			0
	 S	1.00							•					
TREASURER					х				0		0			0
(24)									•					
<u></u> /														
(25)														
\(\frac{1}{2}\)														
1b Subtotal														
	nuation sheets to Part VII, Secti	on A .						. [
	1b and 1c)							. [0		0			0
	ndividuals (including but not limited				who	rece	eived r	nore						
	ensation from the organization	•		,					, ,					0
													Yes	No
3 Did the organizati	on list any former officer, director,	trustee. kev	emplov	/ee. (or hi	ahes	st com	oens	ated					
•	1a? If "Yes," complete Schedule J	-		,		-						3		х
	l listed on line 1a, is the sum of re			tion a	and	othe	r com	oens	ation from the					
	related organizations greater than													
-												4		х
	sted on line 1a receive or accrue o													Λ
• • •	ered to the organization? If "Yes," of	•		-			-	ac				5		х
Section B. Indeper	-	omprote con		,	-	. μο.								Λ
	ole for your five highest compensa	ted independ	ent co	ntrac	ctors	that	receiv	/ed r	more than \$100.000	O of				
•	m the organization. Report compa										vear.			
	(A)	onoution to	no oan	, ida	. , , ,	21 01	ianig v		(B)	Lation o tax	your.	(C)		
	Name and business addres	s							Description of servic	es		Compens	ation	
	. Actio and Sabinoso address	-										2300110		
2 Total number of ir	ndependent contractors (including	but not limite	ed to th	ose	liste	d ab	ove) w	rho						
	an \$100 000 of compensation from						,							

46-0730246

Part VIII

		Check if Schedule O con	tains a response	or not	e to any line in this	Part VIII			
			·		,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contrib All other contributions, gifts and similar amounts not inc Noncash contributions includines 1a-1f Total. Add lines 1a-1f	outions) , grants, sluded above uded in	1a 1b 1c 1d 1e 1f		677,980			
Program Service Revenue	2a b c d e	All other program service re Total. Add lines 2a-2f	venue		Business Code	0777,300			
Other Revenue	4 5 6a b c d 7a b c d 8a b c c 9a b c c 10a b	Less: rental expenses • • Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses • •	(i) Real 6a 6b 6c (i) Securitie 7a 7b 7c ing 9,199 line mdraising events	8a 8b	eds (ii) Personal (iii) Other	115,372	115,372		
Miscellanous Revenue	11a b c d	All other revenue		_	Business Code				
	•	Total. Add lines 11a-11d Total revenue. See instruction				793, 352	115.372	0	0

Part IX

46-0730246

Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to a	ny line in this Part IX			
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	25,255	25,255		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .	3,228			3,228
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	9,285	1,415	7,870	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	37,768	26,670	7,870	3,228
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	I		I	

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	45,188	1	713,965
	2	Savings and temporary cash investments	316,464	2	403,271
	3	Pledges and grants receivable, net	,	3	,
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
"	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	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 33)	361,652	16	1,117,236
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
"		Organizations that follow FASB ASC 958, check here			
ĕ		and complete lines 27, 28, 32, and 33.			
llan	27	Net assets without donor restrictions	122,302	27	163,441
Ва	28	Net assets with donor restrictions	239,350	28	953,795
Pur		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
0 8	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	361,652	32	1,117,236
_	33	Total liabilities and net assets/fund balances	361,652	33	1,117,236

Form	990 (2020) GADSDEN STATE CARDINAL FOUNDATION	46-073024	6	Pa	age 1
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				- 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)			793,	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		37,	768
3	Revenue less expenses. Subtract line 2 from line 1	. 3		755,	584
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		361,	652
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities	- 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	1,	117,	236
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	<u>. 🗆</u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the guidit review or compilation of its financial statements and selection of an independent accountant?		20	v	1

Х

3b

If the organization 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

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

Schedule O.

Single Audit Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Inspection

Name of the organization								Employer identification number			
GAL	SDE	N STATE CARDINAL FOUNDAT	46-073024	46-0730246							
Pa	rt I	Reason for Public Charity	y Status. (All o	rganizations must o	complete	this par	t.) See instructions	S			
The	orga	nization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative hospital ser	cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the											
hospital's name, city, and state:											
5	X	An organization operated for the benefit	unit described in								
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or	deral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	П	An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
	,										
8	П	described in section 170(b)(1)(A)(vi) . A community trust described in section									
9											
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
		university:	, (, , ,						
10	П	•	: (1) more than 33	1/3% of its support from o	contribution	s. member	ship fees, and gross				
-	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its										
		•	•		. ,						
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11		An organization organized and operate		. , , , , ,	,)(4)					
12	Ħ	An organization organized and operate					arry out the nurnoses				
-	ш	of one or more publicly supported orga	•	·							
		Check the box in lines 12a through 12a									
	а	Type I. A supporting organization of				•	•				
	_	the supported organization(s) the			-	. ,					
		supporting organization. You mus			or the dire	Clors or tru	Sices of the				
	b	Type II. A supporting organization	•		e cunnorted	organizatio	on(e) by baying				
	J		•			•	. ,				
	control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.										
	_				tion with a	nd function	ally intograted with				
	С	Type III functionally integrated.		·			any integrated with,				
		its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)									
	d		•	•			• , ,				
		that is not functionally integrated.		•		•	and an attentiveness				
		requirement (see instructions). Yo	•				II T III				
	е	Check this box if the organization				a rype i, ry	pe II, Type III				
		functionally integrated, or Type III	-	egrated supporting organi	ization.						
	f	Enter the number of supported organiz						L			
	g	Provide the following information abou			I						
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	-	(v) Amount of monetary support (see	(vi) Amount of other support (see			
				above (see instructions))	listed in your governing document?		instructions)	instructions)			
					.,						
					Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)											
Tota											
INTS								i			

990 or 990-EZ) 2020 GADSDEN STATE CARDINAL FOUNDATION 46-0730246
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A Public Support

360	ction A. Public Support									
Cal	endar 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.")	123,847	42,620	84,861	73,124	677,980	1,002,432			
2	Tax revenues levied for the									
	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	123,847	42,620	84,861	73,124	677,980	1,002,432			
5	The portion of total contributions by									
	each person (other than a									
	governmental unit or publicly									
	supported organization) included on									
	line 1 that exceeds 2% of the amount									
	shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4						1,002,432			
Sec	ction B. Total Support									
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7	Amounts from line 4	123,847	42,620	84,861	73,124	677,980	1,002,432			
8	Gross income from interest, dividends,									
	payments received on securities loans,									
	rents, royalties, and income from									
	similar sources									
9	Net income from unrelated business									
	activities, whether or not the business									
	is regularly carried on									
10	Other income. Do not include gain or									
	loss from the sale of capital assets									
	(Explain in Part VI.)									
11	Total support. Add lines 7 through 10						1,002,432			
12	Gross receipts from related activities, etc. (se	ee instructions)				12				
13	First five years. If the Form 990 is for the org	anization's first	, second, third,	fourth, or fifth	tax year as a s	section 501(c)(3	3)			
	organization, check this box and stop here						▶ 🗌			
Sec	ction C. Computation of Public Suppor	rt Percentage)							
14	Public support percentage for 2020 (line 6, c	olumn (f), divid	ed by line 11, c	column (f)) .		14	100.00 %			
	Public support percentage from 2019 Sched					15	100.00 %			
16a	6a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this									
	box and stop here . The organization qualifies	s as a publicly s	supported orga	nization			▶ 🛣			
b	33 1/3% support test - 2019. If the organizat									
	this box and stop here. The organization qua	•		-						
17a	10%-facts-and-circumstances test - 2020.	-					S			
	10% or more, and if the organization meets the	ne facts-and-cir	cumstances te	st, check this b	ox and stop h	ere. Explain in				
	Part VI how the organization meets the facts	-and-circumsta	nces test. The	organization q	ualifies as a pi	ublicly supporte	ed			
	organization									
b	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 me	ets the facts-a	nd-circumstand	es test, check	this box and st	t op here. Expla	in			
	in Part VI how the organization meets the fac	cts-and-circums	stances test. Th	ne organizatior	n qualifies as a	publicly suppo	rted			
	organization						▶ 🔲			
18	Private foundation. If the organization did no	ot check a box o	on line 13, 16a,	16b, 17a, or 1	7b, check this I	oox and see				
	instructions						▶ □			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization 46-0730246 GADSDEN STATE CARDINAL FOUNDATION 01. Form 990 governing body review (Part VI, line 11) Form 990 is presented to the board for approval before submitting 02. Conflict of interest policy compliance (Part VI, line 12c) Board Members sign a Conflict of Interest Statement 03. Form 990 availability to public (Part VI, line 18) Form 990 is available to public upon request 04. Governing documents, etc, available to public (Part VI, line 19) Documents are availble at the foundation's office at GSCC Documents are available fo the general public 05. List of other fees for services expenses (Part IX, line 11g) 06. List of other expenses (Part IX, line 24e) 07. General explanation attachment Form 990-EZ, Part III - Primary Exempt Purpose The Corporation is jorganized exclusively for educational, scientific, and charitable purposes, and specifically to assist and aid Gadsden State Community College, a public educational instrumentality of the State of Alabama, in fulfilling and performing its educational and public service programs and activities.