# **Public Inspection Copy**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public

Α	For the	e 2020 calendar year, or tax year beginning and	ending	_	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre chang				
L	Name chang	Doing business as		83-05740	41
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return			703-448-0	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	156,369.
	Amen			H(a) Is this a group re	turn
	Application	I F Name and address of principal officer: O C Call Fateric		for subordinates	
	pendir	same as C above		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1)	or 527	1	list. See instructions
		https://www.hunterwatson.org		H(c) Group exemption	
		organization: X Corporation	I Year		State of legal domicile: VA
	art I	Summary			- Clair of logal actinone,
		Briefly describe the organization's mission or most significant activities: Hunt	er's F	und seeks or	ıt voung
ည	'	people with promising ideas to support a	nd fun	ds safe driv	vina
nai		Check this box if the organization discontinued its operations or dispose			
Ver	1	-		1 1	9
ဗ္ဗ				·····	9
∞		Number of independent voting members of the governing body (Part VI, line 1b)			$\frac{3}{4}$
ţį		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
Activities & Governance		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	l D	Net unrelated business taxable income from Form 990-T, Part I, line 11			
		Ocatile tions and suggest (Det VIII line 41)		Prior Year 382,874.	Current Year 154,869.
ne	1	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue		Program service revenue (Part VIII, line 2g)		771.	1,500.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		383,645.	156,369.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		42,192.	49,211.
		Benefits paid to or for members (Part IX, column (A), line 4)		7,799.	10 565
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,799.	19,565.
eus	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
х	b	Total fundraising expenses (Part IX, column (D), line 25)		154 520	107 517
_	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		154,538.	107,517.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		204,529.	176,293.
. (/		Revenue less expenses. Subtract line 18 from line 12		179,116.	-19,924.
000			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		235,296.	322,188.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		3,743.	7,144.
		Net assets or fund balances. Subtract line 21 from line 20		231,553.	315,044.
	art II	Signature Block			
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer		
		(Indu Para) Signature of officer		<u> </u>	
Sig		, v		Date	
He	re	Jordan Parent, President Type or print name and title			
_		7 31 1	11	Date Check	PTIN
<b>.</b>		Print/Type preparer's name  Preparer's signature	1.4.	if Chicago	<b>-</b> '
Pai		Jennica Jardine Whitfield (Innica Il Caroline Whit	jude 1	04/29/2021   self-employe	
	parer	Firm's name Kositzka, Wicks and Company	,	Firm's EIN ▶	54-1342298
USE	Only	Firm's address 5270 Shawnee Road, Suite 250			02\ (40 0700
		Alexandria, VA 22312		Phone no. (70	
Ма	y the If	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Hunter's Fund has dual missions in support of young adults. The first
	is to provide resources to help advance the dreams of passionate,
	curious young people. The second is to reduce deaths and injuries
	from distracted driving by increasing awareness among young drivers
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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
Ü	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 by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 55,628 • including grants of \$) (Revenue \$)
4a	(Code: )(Expenses \$ 55,628 including grants of \$ 49,211 including grants of \$ 29,211 including grants of \$ 25,628 including grants o
	answers to where the next great ideas come from, who will provide
	insight, inspiration, and hard work to create a better tomorrow.
	Young people are using their talents and passions to find ways to
	improve the world. Their dreams are of things yet to be seen. While we
	don't know what tomorrow will bring, we do know that today's youth and
	their ideas will be propelling the changes to come.
	Hunter's Fund invests in young people (16-25) who have demonstrated
	talent, experience, and passion. These grants reward innovation and
	provide support for young people who approach life with powerful ideas.
	Preference is given to applications in the areas of music, performing
	arts, computer science, and entrepreneurship.
4b	
	Safe Driving Programs
	Hunter Watson died as a passenger in a distracted driving accident
	just as he was to enter his junior year in college.
	Distracted driving accidents are preventable and changing behavior is
	one of the most promising ways of reducing accidents caused by
	distracted driving. Studies based upon seat belt usage and disposable
	waste had shown signing a written pledge can change behavior.
	Research also shows that per-mile-driven, 16-19 year-olds die in
	fatal car crashes at nearly three times the rate of drivers ages 20+,
	and 70% of teens report using social media. The loss of someone in a
	driving accident at such a young age can change the lives of their
	friends and families for a lifetime.
4c	(Code: ) (Expenses \$ 36,567 • including grants of \$ ) (Revenue \$)
	Education
	With the organizations print newsletters, web site, Blog, email
	communications, and educational materials that reach young people,
	parents and those in the educational community seek to build awareness
	of the potential of new ideas and how recognizing and supporting these
	young people can help them become potential for change in our own
	future.
	Continued education of the importance of safe driving and reminders
	of the commitment those signing pledges encourage continued safe
	driving. Wristbands and key chain reminders were given to pledge
	signers who have shown to be a reminder to those wearing them each time
	they get behind the wheel of a car or as a passenger in a vehicle.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 147,396.
	Form <b>990</b> (2020)

### Part 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," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	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			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
J	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		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, 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		X
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3,7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<b> </b> ₩
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	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	110		
	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	X	
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	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
	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?	<b>20</b> b		
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	

	1990 (2020) Hunter Brooks Watson Memorial Fund 83-0574 rt IV   Checklist of Required Schedules (continued)	1041	. Р	age 4
			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	х	
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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		╁╌
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			$\vdash$
	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			T
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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		X
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 I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			$\vdash$
-	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		T
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		•	
	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	1		

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	11			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			10	Х	

# Form 990 (2020) Hunter Brooks Watson Memorial Fund Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a	Х	
b	If "Yes," enter the name of the foreign country ► St Vincent/Grenadines				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				77
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 of the control		5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		C-		х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.		6a		_ <u>^</u>
ь			6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
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				
_	to file Form 8282?	· · · · · · · · · · · · · · · · · · ·	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	11a			
a		11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against	11h			
192	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b   10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
	excess parachute payment(s) during the year?		15		Х
	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	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2020)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	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			
	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 on line 1a, above, who are independent 1b			
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, 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		х
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 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	-05		
3	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.)			
	tion 211 one of the decide 2 requests mornation about policies not required by the internal revenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 10.		
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	
	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		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa		16a		х
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ►AL , MD , NY , VA			
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	l)e only	ı) avail	ahla
10	for public inspection. Indicate how you made these available. Check all that apply.	,,3 UH)	, avall	auic
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, as	d fina	acial	
19	statements available to the public during the tax year.	iu iiiidi	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	The Organization - 703-448-0346			
	PO Box 326, McLean, VA 22101			

#### Form 990 (2020)

# 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		orga	aniza	ation	100	mpei	nsat		director, or trustee.	1
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average		Position (do not check mo			than		Reportable	Reportable	Estimated
	hours per		box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week (list any	_					É	from the	from related organizations	other compensation
	hours for	Individual trustee or director				p		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(,	organization
	organizations	trust	Institutional trustee		oyee	Highest compensated employee				and related
	below	vidua	tutior	Je.	Key employee	nest c loyee	ner			organizations
	line)	lndi	Inst	Officer	Key	High	Former			
(1) Jordan Parent	5.00	ļ								
President		Х		Х				0.	0.	0.
(2) Matt Kimm	1.00	ļ								
Director		Х						0.	0.	0.
(3) Mathew Menand	1.00	ļ								
Director		Х						0.	0.	0.
(4) Mandeleine Bunbury	1.00	ļ		l						
Vice President	2 00	Х		Х				0.	0.	0.
(5) Matthew Salutillo	3.00	١								
Director	1 00	Х						0.	0.	0.
(6) Liam Catto	1.00	١								
Director	1 00	Х						0.	0.	0.
(7) Will Snape	1.00	١,,								_
Director	1 00	Х						0.	0.	0.
(8) Jason Reif	1.00	Į.,		7.						_
Treasurer	1 00	Х		Х				0.	0.	0.
(9) Connor Sweeney	1.00	x						0.	0.	_
Director		^						0.	0.	0.
		4								
		1								
						-				
		1								
		1								
		1								
			$\vdash$	$\vdash$		-	-			
		1								
		1								
		$\vdash$		$\vdash$		$\vdash$				
		1								

Form **990** (2020)

Name and title    Average	Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C			-			
Tourise and Julius   Nourise   Properties		(A)	(B)			•	•	,		(D)	(E)		_	(F)	
Subtotal		Name and title	1		not c	heck	more	than		The state of the s	•				
Compensation   Subtotal   Subto											•				Oi
1b Subtotal			(list any	ctor											ıtion
1b Subtotal			1	or dire				ted		_	(W-2/1099-MIS	SC)	fr	om the	е
1b Subtotal			1	stee (	truste			ben sa		(W-2/1099-MISC)			_		
1b Subtotal			1 -	ual tru	ional		ploye	t com							
1b Subtotal			1	ndivid	nstitui	)fficer	ey em	Highes m plo	-orme				orga	ii iizati	5115
c Total from continuation sheets to Part VII, Section A				_	_		~								
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A				1											
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A				1											
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A				-											
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A				1											
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A										_					
d Total (add lines 1b and 1c)															
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Name and business address  NONE  Description of services  Compensation  Compensation  Compensation  Compensation  Compensation  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization per the organization per than \$100,000 of compensation from the organization per the organization per than \$100,000 of compensation from the organization per than												-			
compensation from the organization      Yes   No											000 of war and als				<u> </u>
Yes   No	2	· -	iot iimited to tr	iose	liste	ed ai	DOVE	e) wr	10 re	eceived more than \$100	,000 of reportab	ie			0
line 1a? If "Yes," complete Schedule J for such individual   For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   A		compensation from the organization												Yes	
line 1a? If "Yes," complete Schedule J for such individual   For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   A	3	Did the organization list any <b>former</b> officer,	director, trust	ee, l	кеу е	emp	loye	e, or	hig	hest compensated emp	loyee on				
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is contractors that received more than \$100,000 of compensation from the organization is contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization or compensation from the organizati													3		Х
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization    0	4		•							•	•				
rendered to the organization? If "Yes," complete Schedule J for such person 5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C													4		X
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \(\bigcircle{\bigc	5		-				-		elat	•		- 1	_		v
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) (Compensation)  Name and business address NONE (Description of services (Description of services)  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation   ■	Sec		plete Schedul	e J f	or su	ıch <sub>i</sub>	pers	son .					5		
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  Name and business address NONE  Description of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   0		<u> </u>	mnensated in	dene	ende	nt c	onti	racto	re t	that received more than	\$100 000 of con	nens	ation t		
(A) Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation  0	•											ipono.	acioni		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   0		-	,										(0	;)	
\$100,000 of compensation from the organization   0		Name and business	address	N	INC	3				Description of s	ervices	С	ompe	nsatio	n
\$100,000 of compensation from the organization   0															
\$100,000 of compensation from the organization   0									_						
\$100,000 of compensation from the organization   0															
\$100,000 of compensation from the organization   0															
\$100,000 of compensation from the organization   0															
\$100,000 of compensation from the organization   0															
\$100,000 of compensation from the organization   0															
\$100,000 of compensation from the organization   0															
\$100,000 of compensation from the organization   0		Total number of independent control (	naludia a tara	O+ 1.	- 1-	4 ± -	41	oc "		d abaya) wha wa hi - 1	oro their				
\$ 100,000 of component from the organization p	2			III TOI	ппе	u to		_	sted	a above) who received m	iore trian				
		\$100,000 of compensation from the organi	zation 🗪					•							

Pa	rt V	<u>/   </u>	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
Program Service   Contributions, Gifts, Grants   Revenue   and Other Similar Amounts		b d e f g	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	154,869.  Business Code	154,869.			
Pro		e	All other was supplied and in a supplied to					
			All other program service revenue					
	3 4 5		Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond propagaties	est, and  roceeds	1,500.			1,500.
		a b	(i) Real  Gross rents  Less: rental expenses  Rental income or (loss)  (i) Real  6a  6b  6c	(ii) Personal				
Φ.	7	a b	Net rental income or (loss)  Gross amount from sales of assets other than inventory Less: cost or other basis  (i) Securities 7a	(ii) Other				
Other Revenue		c d a	and sales expenses 7b  Gain or (loss) 7c  Net gain or (loss)  Gross income from fundraising events (not including \$ of	<b>&gt;</b>				
		b c a	Gross income from gaming activities. See	<b>&gt;</b>				
		b c a	Part IV, line 19  Less: direct expenses  Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances  9a  9b  10a					
		b	Less: cost of goods sold	<b>&gt;</b>				
S				Business Code				
Miscellaneous Revenue	11							
ellar Ven		b						
isce		q	All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		156,369.	0.	0.	1,500.
				·····				

#### Part IX | Statement of Functional Expenses

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

_	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	05 460	27 462		
	and domestic governments. See Part IV, line 21	27,163.	27,163.		
2	Grants and other assistance to domestic	10 505	10 505		
	individuals. See Part IV, line 22	12,797.	12,797.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0 051	0 051		
	individuals. See Part IV, lines 15 and 16	9,251.	9,251.		
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)	15 000	12.061	4 560	
7	Other salaries and wages	17,823.	13,061.	4,762.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4 546	4 004	450	
10	Payroll taxes	1,742.	1,284.	458.	
11	Fees for services (nonemployees):				
а	Management	4 000		4 000	
b	Legal	1,038.		1,038.	
С	Accounting	5,741.		5,741.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	2,859.	2,067. 1,299.	396.	396
12	Advertising and promotion	4,880.	1,299.	3,395.	186
13	Office expenses	6,581.	1,080.	5,501.	
14	Information technology	1,759.	1,347.	77.	335
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 0.)				
а	Supplies	31,336.	31,056.	42.	238
b	Printing and postage	30,753.	28,730.	161.	1,862
С	Graphic design and copy	20,302.	18,261.	313.	1,728
d	Bank and credit fees	2,268.		2,268.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	176,293.	147,396.	24,152.	4,745
26	Joint costs. Complete this line only if the organization				•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	12-23-20				Form <b>990</b> (202

Form **990** (2020)

. <b>ч</b> .	LX	Balance Sneet					
		Check if Schedule O contains a response or	r note to	any line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			82,126.	1	94,102
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, so	ubstant	al contributor, or 35%			
		controlled entity or family member of any of	these p	rsons		5	
	6	Loans and other receivables from other disq	qualified	persons (as defined			
		under section 4958(f)(1)), and persons descr	ection 4958(c)(3)(B)		6		
2	7	Notes and loans receivable, net				7	
499619	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	ier				
		basis. Complete Part VI of Schedule D	10	a			
	b	Less: accumulated depreciation	10			10c	
	11	Investments - publicly traded securities	153,170.	11	228,086		
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			235,296.	16	322,188
	17	Accounts payable and accrued expenses			3,743.	17	7,144
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
2	22	Loans and other payables to any current or					
Liabilities		trustee, key employee, creator or founder, so					
1		controlled entity or family member of any of				22	
•	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	lines 17	24). Complete Part X			
		of Schedule D			3,743.	25	7,144
	26	Total liabilities. Add lines 17 through 25			3,743.	26	/,144
2		Organizations that follow FASB ASC 958,	cneck	ere 🖊 🔼			
₹	27	and complete lines 27, 28, 32, and 33.			231,553.	27	315,044
Jaic	28	Net assets without donor restrictions  Net assets with donor restrictions			231,333.	28	313,011
2	20	Organizations that do not follow FASB AS				20	
5		and complete lines 29 through 33.	5C 950,	illeck liefe			
5	29	Capital stock or trust principal, or current fur	nde			29	
ן נו	30	Paid-in or capital surplus, or land, building, o			30		
2	31	Retained earnings, endowment, accumulate				31	
Net Assets of Fund balances	32	Total net assets or fund balances			231,553.	32	315,044
_	33	Total liabilities and net assets/fund balances			235,296.	33	322,188

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)	1			<u>69.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			93.
3	Revenue less expenses. Subtract line 2 from line 1	3			24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			53.
5	Net unrealized gains (losses) on investments	5	10	<u>3,4</u>	15.
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	31	5,0	44.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	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	d on a			
	separate basis, consolidated basis, or both:				
	X 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 separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	_	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	<u> </u>		Form	990	(2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization Hunter Brooks Watson Memorial Fund 83-0574041 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization 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 service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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 operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			23,020.	382,853.	154,869.	560,742.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			23,020.	382,853.	154,869.	560,742.
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)						158,773.
_6	Public support. Subtract line 5 from line 4.						401,969.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total 560,742.
7	Amounts from line 4			23,020.	382,853.	154,869.	560,742.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,					4 500	0 001
	and income from similar sources				791.	1,500.	2,291.
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.)						F.C.2. 0.2.2
11	<b>Total support.</b> Add lines 7 through 10						563,033.
12	•		,			12	
13	First 5 years. If the Form 990 is for the	~			•		. 🔻
<u></u>	organization, check this box and stop	) here	rooptogo				<u>▶</u> X
	ction C. Computation of Publ			. (7)		I I	
	Public support percentage for 2020 (					14	<u>%</u>
	Public support percentage from 2019					15	<u>%</u>
Iba	33 1/3% support test - 2020. If the content have The experience qualifies	-					
<b>L</b>	<ul><li>stop here. The organization qualifies</li><li>33 1/3% support test - 2019. If the organization</li></ul>						
L	and stop here. The organization qual						
170	10% -facts-and-circumstances tes						
17 a							
	and if the organization meets the fact meets the facts-and-circumstances to					_	
h	10% -facts-and-circumstances tes	•	•		•	 17a and line 15 is	
	more, and if the organization meets the	-					10/0 01
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization		-	-			s
<u></u>	realisation in the organization	sig fiet offoot a	227 011 1110 10, 10	<u>., 100, 110, 01 111</u>		edule A (Form 990	
						,	,

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	ow, piedoe com	ipicto i dit ii.)				
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and			, ,	, ,	, ,	,,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5		+		+	+	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons <b>b</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		1		1	1	1
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
<b>b</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.)						
14 First 5 years. If the Form 990 is for the	organization's	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	-			•		
Section C. Computation of Public						
15 Public support percentage for 2020 (lin	e 8, column (f),	divided by line 13,	column (f))		15	%
16 Public support percentage from 2019 S					16	%
Section D. Computation of Invest						
17 Investment income percentage for 202	0 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2020. If the o					33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box and						
<b>b 33 1/3% support tests - 2019.</b> If the o						
line 18 is not more than 33 1/3%, chec	•			•	•	
20 Private foundation. If the organization						

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
- Ou		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
6		
7		
C		
8		
9a		
01-		
9b		
9с		
40-		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described in line 11a above?	11b		
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		n Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
0		oported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	_	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
2		ganization maintained a close and continuous working relationship with the supported organization(s).  son of the relationship described in line 2, above, did the organization's supported organizations have a	2		
3	•				
		cant voice in the organization's investment policies and in directing the use of the organization's e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	2		
Sec		i. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization satisfied the Activities rest. complete line 2 solow.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization is the parent of each of its supported organizations. <i>Complete line &amp; seem.</i> The organization supported a governmental entity. <i>Describe in <b>Part VI</b> how you supported a governmental entity</i> (see in	struction	ns)	
2		ies Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
– a		bstantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
_		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		I the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	anizations	ĭ
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t comple	te Sections A through E.	
Sect	ion 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		
Sect	ion 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
_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		
Sect	ion 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-functional	lly integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s <b>3</b>	
4	Amounts paid to acquire exempt-use assets		4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on 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 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018  Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

# SCHEDULE F

#### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

OMB No. 1545-0047

Inspection

Department of the Treasury				Attach to Form 990.			Open to Public
Internal Revenue Service		► Go to	www.irs.gov/Fo	rm990 for instructions and the latest	information.	I	nspection
Name of the organiza	ation					Employer id	entification number
Hunter Bro						83-0574	
		rmation on A /, line 14b.	Activities Ou	tside the United States. Complet	e if the organ	nization answer	ed "Yes" on
1 For grantmak	ers. Does	the organization		ds to substantiate the amount of its granthe the selection criteria used to award the			X Yes No
2 For grantmak United States.		ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance	e outside the
3 Activities per F	Region. (TI			an be duplicated if additional space is no			
<b>(a)</b> Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type e(s) in the region	expenditures for and investments
Central America	and						
the Caribbean -							
Antigua & Barbu	da,			Grant recipients located in			
Aruba, Bahamas,		0	0	region			9,251.
3 a Subtotal		0	C				9,251.
<b>b</b> Total from con							
sheets to Part c Totals (add lin		0					0.
and 3b)		0	c				9,251.

032071 12-03-20

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

Schedule F (Form 990) 2020

			Outside the United States. C		rganization answered	d "Yes" on Form	990, Part IV, line 15, fo	r any
recipient who re	ceived more than \$5,	000. Part II can be dupii	cated if additional space is ne	eaea.				
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the or counsel has provided a sec					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (f) Amount of (g) Description of (h) Method of (e) Manner of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance Hunter's Fund invests in Central America young people (16-25) who have and the Caribbean Antigua & demonstrated talent. experience, and passion in Barbuda, Aruba, 2 9,251.Wire 0.

83-0574041

Schedule F (Form 990) 2020

# Schedule F (Form 990) 2020 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### Part I, Line 2:

Applicants for a grant from the Hunter Brooks Watson Memorial Fund (Hunter's Fund) must be at least 16 years old and not more than 26 when submitting an application. They must be a legal resident of the US, UK, or St. Vincent and the Grenadines. Family members or relatives of Hunter Watson's family, nor family of the Hunter Watson Founders Committee or Board of Directors are not eligible.

Preference is given to applications in the areas of music, performing arts, computer science, and entrepreneurship.

We accept applications for projects needing funding between \$500 and \$5,000. The average award is \$3,500. Applications requesting a full \$5,000 are subject to additional review and may be delayed to the next Grant cycle.

To recognize new ideas as they emerge, Hunter's Fund reviews Grant applications twice a year, with closing dates of June 15 and November 15. The number and amount of Grants awarded depend on the quality and number of Grant applications received, in addition to funds available

The Hunter's Fund Grants Committee, made up of between 12 and 22 young people, reviews all applications that meet the stated requirements. Each application is assigned a score for each answer. Each reviewer's scores are added together to achieve an overall ranking for the application. It is important to answer every question and submit two recommendations to achieve the highest score. Applicants receiving the five highest scores

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

may be asked to submit a 1 to 2-minute video to personally describe their project and passion. The top candidates are sent to Hunter's Fund Board of Directors, who makes the final decisions.

This program was founded for awarding Grants to students like Hunter, who had an insatiable curiosity about things in the area of music, performing arts, computer science, and entrepreneurship. Most applicants benefit from knowing something about Hunter, which can easily be found in the section "About Hunter" on our web site at www.hunterwaton.org. These are the things the Grants are based upon. Also, applicants are asked to take time to review the newsletter archive to learn more about what has been previously funded. Previous Grant winners have used this information to improve the possibility of their Grant being funded.

Grants cannot be used to support college tuition. The mission of Hunter's Fund is to enable young entrepreneurs to pursue their dreams, and we are deeply committed to following this model. Therefore, unless there is a compelling reason why some tuition is needed to complete a project, we do not accept applications that request financial assistance for tuition purposes.

We do, however, understand that financial aid is important and thus encourage applicants to apply to several scholarship organizations to put together a financial package to assist with tuition and other needs they may have that Hunter's Fund does not finance.

Applications must contain a detailed explanation of the project,

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

timeline, and budget, including any other sources of funding they may be receiving. Their budget should list only the essential and necessary components needed to complete their project. All Grant funds must be used for the specific purposes described in the application and not be used for any other costs or expenses without prior written approval from Hunter's Fund.

Carefully budgeting application proposals are a key part of the application process. Any expense that is not properly justified may delay the review and selection process. The following are a list of items that are not supported through this Grant: new computers, business development supplies (i.e., business cards), membership in organizations, social media platforms, or obtaining patents before a project has been developed and has proof of viability. Most laptop computers and music instruments/equipment can be rented or available through schools, libraries, or specialized stores. If the application requires these supplies, it is recommended a budget line for rental expenses be included. If a purchase is necessary, we ask that a clear and thorough justification be included in the application to help in the additional examination.

Applicants' GPA, community service, leadership roles, or religious affiliation will neither benefit nor negatively impact an application. School transcripts are requested only as evidence that the applicant has attended school and is in good standing.

All applicants must identify two references who can speak to their

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

character and passion. Hunter's Fund will notify the references and request they upload their recommendation letter to the grantee's profile by the application deadline. References must be professional contacts or teachers. Relatives and friends are not accepted. Applications lacking references will not be considered.

It is becoming increasingly important for applicants to have material available online to help our Grants Committee get a feel for their work. Musicians post their material, performing arts applicants post video, entrepreneurs may have web sites related to their ideas, and computer science applicants may have Linkedin, Facebook, or other postings where they refer to their passion.

Our online application platform allows applicants to save their data as entered so they can work on it up to the deadline date to complete their application. Deadlines are June 15 and November 15 each year. Uncompleted applications are removed after those dates. Critical items to gather ahead of time to be sure they can be uploaded are photos, transcripts, and contact information for their references.

We require a photograph (headshot only) so that If the applicant is awarded a Grant, the photograph can be used by Hunter's Fund in press releases and publicity materials. If they are already working on a project related to their Grant request, we also encourage applicants to include photographs of that work with their Grant application.

Grant winners are announced on our website on the Grant Winners page.

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Given the high number of applicants and our all-volunteer Grants Committee and board, applicants not selected for funding are not individually notified or offered recommendations on how to improve their future applications. However, we hope all applicants, whether selected or not, continue to find creative ways to pursue their dreams.

Hunter's Fund does not make payments directly to the Grant Winners. Instead, we pay for the line items on the budget by purchasing those items for use by the Grant Winner. If they are working on their project under the supervision of a school, church, or a non-profit, we will pay the funds to that organization to be responsible for oversight of the Grant.

All Grant funds must be used for the specific purposes described in the application and not be used for any other costs or expenses without prior written approval from the Hunter's Fund. If the budget needs change, the Grant winner must contact the Grants administrator with Hunter's Fund for direct approval before using funds. If Hunter's Fund determines that the recipient has not met the terms and conditions of these Grant Guidelines, Hunter's Fund may take all reasonable and appropriate steps to recover Grant funds.

Once funded, projects must be completed unless our Grants Committee approves changes to the original project funded. If it is decided that the recipient has not met the terms and conditions of Grant guidelines, Hunter's Fund may take all reasonable and appropriate steps to recover Grant funds.

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Upon award of a Grant, qualified Mentors, if available, are assigned to each grantee. This is their principal contact to receive advice and make sure funds are distributed properly and offer opportunities for continued engagement as a Grant alumnus at the end of the project period. Grant winners are expected to submit a one to two-page report with pictures and a 1-2 minute video or their work six months after the Grant is awarded or within one month of a project's completion (whichever comes first), which should include a description of their project, how they used the funding from the awarded Grant, what effect being awarded a Grant has had on them personally, how Hunter's Fund was recognized for supporting their project, and photos from their project.

Grants will agree to allow Hunter's Fund to use their full name, story, pictures, and other details for publicity purposes. We are sensitive about personal privacy and do not disclose personal contact information such as phone numbers or addresses without permis

Part I, line 3:

GAAP, accrual basis.

Part III, Column (a):

(a) Region:

Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas, (a) Type of Grant or Assistance: Hunter's Fund invests in young people (16-25) who have demonstrated talent, experience, and passion in music, entrepreneurship, performing arts and/or computer science.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	_		_				Employer identification number
		on Memoria	l Fund				83-0574041
Part I General Information on Grants							
Does the organization maintain record		-			•		
criteria used to award the grants or as	ssistance?						X Yes No
2 Describe in Part IV the organization's							
Part II Grants and Other Assistance	_				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more that					(f) Method of	1	T
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							Held in conjunction with
Syracuse University							the Syracuse University
Skytop Office Bldg Skytop Rd							Blackstone Launchpad,
Syracuse, NY 13244	15-0532081		10,465.	0.			these unique Awards
							Supports the educational
Phi Kappa Psi Foundation							and leadership programs
5395 Emerson Way							of this non-profit
Indianapolis, IN 46226	36-6130655		16,698.	0.			organization which
						1	
2 Enter total number of section 501(c)(3							<b>2</b> .
3 Enter total number of other organization	ons listed in the line	1 table					

36

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HBW grant award	1	5,000.	0.		
		,			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
Part I, Line 2:					
Hunter's Fund invests in young peo	ple (16-	25) who ha	ve demonst	rated talent,	
experience, and passion in music,	entrepre:	neurship,	performing	arts and/or	
computer science.					
Grant awards can range from \$500 t	o \$5,000	. Applica	tions are	reviewed and	
accepted twice a year with applica	tion dea	dlines of	June 15 an	d November	
		<u> </u>	<u> </u>		

Selected grantees are announced in August and January.

#### Part II, line 1, Column (h):

Name of Organization or Government: Syracuse University

(h) Purpose of Grant or Assistance: Held in conjunction with the Syracuse University Blackstone Launchpad, these unique Awards recognize young people working on innovative ideas that can make your life better. Awards are presented to four winners selected from over forty teams. Teams came throughout the New York Area and presented their ideas in a "Shark Tank" like setting on the campus of Syracuse University. The winners were selected by Team made up individuals designated but the University and member of the Hunter Brooks Watson Memorial Fund Grants Committee to recognize students whose work demonstrate a strong gift for

Name of Organization or Government: Phi Kappa Psi Foundation (h) Purpose of Grant or Assistance: Supports the educational and leadership programs of this non-profit organization which assists the Hunter Brooks Watson Memorial Fund on college campuses to encourage students to sign Hunter's Pledge to End Dristracted Driving.

Schedule I (Form 990)

entrepreneurship.

### SCHEDULE O

Internal Revenue Service

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

# 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Hunter Brooks Watson Memorial Fund

**Employer identification number** 83-0574041

Form 990, Part I, Line 1, Description of Organization Mission: campaign on school campuses.

Form 990, Part III, Line 1, Description of Organization Mission: and gaining their commitment to change.

At Hunter's Fund we're supporting young men and women of diverse interests and talents, so they can let their passions shine.

Our inspiration and our mission come from Hunter himself. He was a young man of extremely diverse talents and interests. Wherever he went, whatever he did, he brought a spark and a smile and a contagious energy that inspired those around him.

Form 990, Part III, Line 4b, Program Service Accomplishments:

In 2020 the Hunter Brooks Watson Memorial Fund had prepared campaign materials to fund safe driving campaigns on 36 college and high school campuses. Covid restrictions began impacting these campaigns in March of 2020 and continued through the end of 2020. Materials for these campaigns had been produced for the Spring semester so students could sign pledges not to drive distracted at pledge signing tables placed in high student traffic areas around campuses. Most of these materials became inappropriate and had to be recreated to promote touch-free pledge signing with the use of QR codes so students could sign their pledge online. Since volunteers are our main source of workers, the

Fund was unable to benefit from the Payroll Protection Loans and was LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

**Employer identification number** 

Hunter Brooks Watson Memorial Fund 83-0574041
unable to recover the cost of the materials that could not be used
under Covid restrictions. Even in the face of this challenge, the Fund
was able to complete 8 school campaigns before the campuses began to
shut down, and in the Fall of 2020, student volunteers on 7 campuses

student volunteers turned to social media to encourage their classmates

Form 990, Part VI, Section B, line 11b:

to sign pledges not to drive distracted.

In 2020 the Hunter Brooks Watson Memorial Fund had prepared campaign materials to fund safe driving campaigns on 36 college and high school campuses. COVID restrictions began impacting these campaigns in March of 2020 and continued through the end of 2020. Materials for these campaigns had been produced for the Spring semester so students could sign pledges not to drive distracted at pledge signing tables placed in high student traffic areas around campuses. Most of these materials became inappropriate and had to be recreated to promote touch-free pledge signing with the use of QR codes so students could sign their pledge online. Since volunteers are our main sources of workers, the Fund was unable to benefit from the Payroll Protection Loans and was unable to recover the cost of materials that could not be used under COVID restrictions. Even in the face of the challenge, the Fund was able to complete 8 school campaigns before the campuses began to shut down, and in the Fall of 2020, student volunteers on 7 campuses student volunteers turned to social media to encourage their classmates to sign pledges not to drive distracted.

Form 990, Part VI, Section B, Line 12c:

The conflict of interest policy is reviewed annually. A copy of the conflict of interest policy is available to the public upon request.

Hunter Brooks Watson Memorial Fund	83-0574041
Form 990, Part VI, Section C, Line 18:	
990 forms are made available on a charity rating website	called Guidestar.
Form 990, Part VI, Section C, Line 19:	
The governing documents, including the conflict of interest	est policy are
available upon request.	
Form 990, Part XII, Line 2c	
The Organization's board approves the selection of the in	ndependent
accountant annually.	