TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2020

PREPARED FOR:

SURVIVOR ALLIANCE 1173 SUTTER STREET BERKELEY, CA 94707

PREPARED BY:

DELOITTE TAX LLP 695 TOWN CENTER DR, STE 1000 COSTA MESA, CA 92626

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2021.

PUBLIC DISCLOSURE 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)

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change SURVIVOR ALLIANCE Name 82-4425458 Doing business as change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 510-560-4351 1173 SUTTER STREET 252,164. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 94707 BERKELEY, CA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MINH DANG Yes X No for subordinates? SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► SURVIVORALLIANCE.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 2018 M State of legal domicile: CA Association Part I Summary Briefly describe the organization's mission or most significant activities: UNITE AND EMPOWER SURVIVORS OF **Activities & Governance** HUMAN TRAFFICKING Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 163,253. 206,648. Contributions and grants (Part VIII, line 1h) 8 Ο. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 15,973. 45,516. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 179,226. 252,164 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 50,298. 10,250. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 112,887. 240,140. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 163,185. 250,390. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 16,041. 1,774. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 120,993. 94,626. Total assets (Part X, line 16) 0. 37,013. 21 Total liabilities (Part X, line 26) 三年 94,626. 83,980 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 16 Signature of officer Sign 10/29/2021 EXECUTIVE OFFICER MINH DANG Here Type or print name and title Date PTIN Check Preparer/s/signature Print/Type preparer's name 10/21/2021 P00540589 JOHN W. SADOFF JR. Paid self-employed Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶ 86-1065772 Preparer Firm's address 695 TOWN CENTER DR, STE 1000 Use Only Phone no. (714) 436-7100COSTA MESA, CA 92626 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	UNITE AND EMPOWER SURVIVORS OF HUMAN TRAFFICKING
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. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	PATHWAYS TO FREEDOM
	IN 2020 WE ADDED THREE FELLOWSHIPS, INCREASING OUR TOTAL NUMBER OF
	CAPACITY BUILDING FELLOWS FROM 3 TO 6. ALL FELLOWS ARE SURVIVORS OF
	HUMAN TRAFFICKING WHO WERE WORKING TO BUILD COMMUNITY AMONG FELLOW
	SURVIVORS IN MINNEAPOLIS, ATLANTA, AND CHICAGO. THE FELLOWS PARTICIPATE
	IN LEADERSHIP DEVELOPMENT TRAINING AND ENGAGE HARD TO REACH POPULATIONS
	IN THEIR CITIES. THEY CREATED RELATIONSHIPS BETWEEN THEIR LOCAL
	COMMUNITY AND CITY GOVERNMENT TO IMPROVE ANTI-TRAFFICKING
	INTERVENTIONS.
41.	75
4b	(Code:) (Expenses \$25,000. including grants of \$) (Revenue \$) JUSTICE, HOPE, AND LIBERTY PROJECT
	OUDITCE, HOLE, AND DIBERTI TROUBET
	THE JUSTICE, HOPE, AND LIBERTY PROJECT ("JHL PROJECT") WAS A
	COLLABORATION BETWEEN SEVERAL ORGANIZATIONS TO DETERMINE THE
	FEASIBILITY OF FUTURE WORK TO ADDRESS COMMERCIAL SEXUAL EXPLOITATION IN
	BANGLADESH. NO WORK WAS DONE OUT OF THE UNITED STATES. THE PRIMARY WORK
	WAS TO DEVELOP A PROGRAM WITH TWO OTHER KEY PARTNERS, SUPPORT
	INFORMATION GATHERING, AND WORK WITH POTENTIAL FUNDERS.
	100,400
4c	(Code:) (Expenses \$
	SURVIVOR ALLIANCE UK
	SURVIVOR ALLIANCE PAYS FOR THE OPERATIONS AND PROGRAMS IMPLEMENTED BY
	ITS OPERATIONAL PARTNER, SURVIVOR ALLIANCE UK, IN ITS EFFORTS TO ENABLE
	FREE SERVICES TO SURVIVORS OF HUMAN TRAFFICKING.
	TREE BERVICES TO BORVIVORS OF HOMEN TRAFFICKING.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 150,060.
	Form 990 (2020)

Form 990 (2020) SURVIVOR ALLIANCE 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	-		1
0	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		<u> </u>
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		X
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		X
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		X
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Control	14a		X
14a b	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,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	- 21	
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_V
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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			l
	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			l
	"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			l
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	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?		7.7	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
· a				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_				
b	Enter the number of Forms W 2d included in line 1d. Enter of infect applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.		
	(gambling) winnings to prize winners?	1c	000	

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Form 990 (2020) SURVIVOR ALLIANCE Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 1						Yes	No				
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note if the sum of lines it and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 90-07 for this year? (If "No" to line 3b, provide an explanation on Schedule 0 3a At any time during the calendary year, did the organization have unrelated, in a significant or or sum of the provided of the	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 'has it filed a Form 980-17 for this year? If 'No' to jire 30, provide an explanation on Schedule O 3b Innancial accountly? 4a I arry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other intendial accountly? 5b If 'Yes,' enter the name of the foreign country I be See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction? 5c In Use to line 5a or 5b, did the organization file form 8888-17? 5c Did any exceptible party notify the organization file form 8888-17? 5d Does the organization around gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible on the organization are express statement that such contributions or gifts were not tax deductible? 6d If 'Yes,' did the organization incide with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8d If If 'Yes,' did the organization incide with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 To Yes,' did the organization notify the donor of the value of the goods or services provided? 10 If the organization receive applied in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 To Yes,' did the organization organization for services and pay time the services provided to the payor? 7 To I I'ves,' did the organization organization for services and pay time of the subj		filed for the calendar year ending with or within the year covered by this return	2a	1							
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," instent the flane of the registry "Not * foi ins 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Year, as a bank account, securities account, or other financial account)? 5a Was the organization and the foreign country. Securities account, or other financial accounts (FBAR). 5b Was the organization the foreign country. Securities account, or other financial accounts (FBAR). 5c Was the organization the foreign country. Securities account, or other financial accounts (FBAR). 5c Was the organization the organization that it was or is a party to a prohibited tax shelter transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Was Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible accharitable contributions? 6c Was were not tax deductible? 6c Variant were not tax deductible as charitable contributions? 6c Variant were not tax deductible? 6c Variant were not tax deductible? 6c Variant were not tax deductible? 6c Variant were not tax deductible as charitable contributions? 6c Variant were not tax deductible? 6c Variant were not tax deductible as charitable or organizations and party for goods and services provided to the payor? 7c Variant were not tax deductible? 6c Variant we	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	X					
b if "Yes," has it filed a Form 99.0-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendary year, oid the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4b if "Yes," enter the name of the foreign country Seven instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductible as charitable contributions? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gilts were not tax deductible as charitable contributions? 6c Jack Standard Standar		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If 'Yes,' enter the name of the foreign country ▶ 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Was the organization have annual gross necepits that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible from 886817 6a Does the organization have annual gross necepits that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitative contributions? c Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b If 'Yes,' indicate the number of Forms 822? fled during the year c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8889 as required? 7c X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 77 If X 78 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1086 C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations makes any taxability of the organization file form 8890. If the organization is a file that plans in more than one s	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х				
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5a Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization to be organization that it was or is a party to a prohibited tax shelter transaction? 5b Was the organization to be organization that it was or is a party to a prohibited tax shelter transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles a charlable contributions? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles a charlable contributions? 5c Was the did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductibles or the value of the goods or services provided? 7 If Yes, inclinate the number of Forms 8820 filed during the year 6 Did the organization received a payment in excess of \$75 mide party as a contribution and party for goods and services provided to the payor? 7a X 7b If Yes, inclinate the number of Forms 8820 filed during the year 8 Did the organization received a contribution of qualified intellectual property for which it was required? 9 Did the organization received a contribution of qualified intellectual property of the organization file Form 8898 as required? 9 If Yes, inclinate the number of payments of the payments of the organization of the organiz	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O		3b						
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for the value of the organization filing for missed for the companization for the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 56	4a	·									
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Indiany taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Indiany taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Indiany taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Indiany contributions that were not tax deductible as charitable contributions? 5 Indiany contributions that were not tax deductible as charitable contributions? 5 Indiany contributions that may receive deductible as charitable contributions? 5 Indiany contributions that may receive deductible contributions under section 170(c). 8 Indiany contributions that may receive deductible contributions under section 170(c). 8 Indiany contributions that may receive deductible contributions under section 170(c). 9 Indiany contribution receive apparent in excess of 3/5 made party as a contribution or party for goods and services provided to the payor? 10 Indiany contribution of the value of the goods or services provided? 10 Indiany contribution of the value of the goods or services provided? 10 Indiany contribution of the value of the goods or services provided? 11 Indiany contribution of the value of the goods or services provided? 12 Indiany contribution or contribution of qualified intellectual property, did the organization file form 1096 or a fact of the organization received a contribution of qualified intellectual property, did the organization file Form 1096 or a fact of the sponsoring organization make any taxable distributions under section 4968? 12 Indiany contributions included an intellectual property, did the organization file Form 1096 organization file form 1096 organization file form 1096 organization file form 1096 organization fil		financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X				
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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: a Gross income from members or shareholders N/A 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b			10a	I							
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.				•							
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.					15		X				
If "Yes," complete Form 4720, Schedule O.				_			77				
	16		incor	ne?	16		X				
		If "Yes," complete Form 4720, Schedule O.				000	(0000)				

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.

	·					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	1a		8						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		iny other							
	officer, director, trustee, or key employee?			2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the									
				3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X				
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			6		X				
, ,	more members of the governing body?	•		7a	Х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			'						
b				7b		X				
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			1		125				
8	The governing body?	-	•	0.	Х					
				8a		+				
b	Each committee with authority to act on behalf of the governing body?			. 8b		+				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					X				
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			. 9		ΙΛ.				
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			Τ				
40-	Did the average time have lead about the place of the state of			40	Yes	No X				
	Did the organization have local chapters, branches, or affiliates?			10	1	+^				
D	If "Yes," did the organization have written policies and procedures governing the activities of such cl			40.						
			- CI' H C	101		+				
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				_	+				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			. 12	X	+				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $_{\it If}$ "	,			37					
	in Schedule O how this was done					177				
13	Did the organization have a written whistleblower policy?					X				
14	Did the organization have a written document retention and destruction policy?			. 14		X				
15	Did the process for determining compensation of the following persons include a review and approve		dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					1,,				
	The organization's CEO, Executive Director, or top management official			15	1	X				
b	Other officers or key employees of the organization			15)	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	th a							
	taxable entity during the year?			16	1	<u> </u>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its pa	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization	's							
	exempt status with respect to such arrangements?			16)					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	T (Section 501(c)	(3)s onl	/) availa	able				
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain	n on Sc	hedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			ınd fina	ncial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records							
	TSEND BADAM - 510-560-4351									
	1173 SUTTER STREET, BERKELEY, CA 94707									

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 organiza (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(-1-		Pos	Position			Reportable	Reportable	Estimated
	hours per	box, unless person is both an				s both	n an	compensation	compensation	amount of
	week		cer an	er and a director/trustee)			tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		99	ubeus		(W-2/1099-MISC)		organization and related
	below	dual tr	rtional	_	nploy	st con	_			organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			5. gaa
(1) JEREMY MCLEAN	1.00									
DIRECTOR, CO-CHAIR OF BOARD		Х		Х				0.	0.	0.
(2) JAMES DOLD	1.00									
DIRECTOR, TREASURER		Х		Х				0.	0.	0.
(3) GINA REISS	1.00									
DIRECTOR, SECRETARY		Х		Х				0.	0.	0.
(4) HANNAH ROSE MURRAY	1.00									
DIRECTOR, UK TRUSTEE		Х						0.	0.	0.
(5) SUFAYAN ALI	1.00									
DIRECTOR, UK TRUSTEE		Х						0.	0.	0.
(6) FAINESS LIPENGA	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(7) MINH DANG	20.00	1								_
EXECUTIVE DIRECTOR		Х		Х				0.	0.	0.
(8) TANYA GOULD	1.00									
DIRECTOR, CO-CHAIR OF BOARD		Х		Х				0.	0.	0.
		-								
		-								
		-								
		1								
		1								
		1								
		1								
		1								
		1								

ı aı	Section A. Officers, Directors, Trus		oloy	ees,	anc	Hig	ghes	t C	ompensated Employee	s (continued)	—			
	(A)		(B) (C) Average Position						(D)	(E)			(F)	
	Name and title	Average hours per		not c	heck	more	than o		Reportable compensation	Reportable compensation			timate nount	
		week					s both or/trus		from	from related			other	UI .
		(list any	ector						the	organizations			pensa	
		hours for related	or dir	ee			ated		organization	(W-2/1099-MISC	7)		om th	
		organizations	rustee	al trust		99/	mpens		(W-2/1099-MISC)			_	anizat d relat	
		below	Individual trustee or director	Institutional trustee	je.	Key employee	Highest compensated employee	Jer.					nizati	
		line)	ib	Insti	Officer	Key	High emp	Former			_			
											\dashv			
											+			
											\dashv			
											\dashv			
											\top			
											\dashv			
	Cultural								0.		0.			0.
	Subtotal Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n							o re	eceived more than \$100,					
	compensation from the organization													0
											_		Yes	No
3	Did the organization list any former officer,	•		•	•	•		_	• •	•				37
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•		•					•	· ·		4		Х
5	Did any person listed on line 1a receive or a	,		,								-		
	rendered to the organization? If "Yes," com											5		Х
Sec	tion B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					~					•		
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compe	nsati	on fro	m	
	the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.			_	
	(A) Name and business	address	NIC	ONE	7				(B) Description of s	ervices	Cc	(C ompe	;) nsatio	n
			146	7111					2000.19.10.11.01.0	-				-
								\dashv						
2	Total number of independent contractors (i	ncluding but n	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organic					(
											F	orm	9 90 (2020)

032008 12-23-20

Form 990 (2020) SURVIVOR ALLIANCE
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII			
			_	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	. u	Membership dues 1b					
င်္ခ ဗြ	2	Fundraising events 1c					
fts,	4	Related organizations 1d					
ig je	u						
Sir	e	3 \ ,					
utio	т	All other contributions, gifts, grants, and	206 648				
^듩		similar amounts not included above 1f	206,648.				
d d	9	Noncash contributions included in lines 1a-1f		206 649			
<u>0</u> <u>8</u>	h	Total. Add lines 1a-1f	D	206,648.			
			Business Code				
Se	2 a						
ē <u>X</u>	b						
Sen	С						
ev	d						
Program Service Revenue	е						
ᇫ	f	All other program service revenue					
	g	Total. Add lines 2a-2f	>				
	3	Investment income (including dividends, inte	rest, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond					
	5	Royalties	····				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	ı a	assets other than inventory 7a	(1) 5 11 151				
	h	Less: cost or other basis					
ø.	b						
ther Revenue		and sales expenses 7b					
eve	С.	Gain or (loss) 7c					
Ę.		Net gain or (loss)	······				
‡	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		······	la				
			b				
		Net income or (loss) from fundraising events	_				
	9 a	Gross income from gaming activities. See					
			a				
			b				
	С	Net income or (loss) from gaming activities_	_				
	10 a	Gross sales of inventory, less returns					
		and allowances1	0a				
	b	Less: cost of goods sold1	Ob				
	С	Net income or (loss) from sales of inventory	>				
,			Business Code				
sno	11 a	CONSULTING FEES	541610	41,540.	41,540.		
Miscellaneous Revenue		MISCELLANEOUS INCOME	900099	3,976.	3,976.		
elle eve	С						
<u>8</u>		All other revenue					
≥		Total. Add lines 11a-11d		45,516.			
	12	Total revenue. See instructions		252,164.	45,516.	0.	0.

032009 12-23-20

Form 990 (2020) SURVIVOR ALLIANCE Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons			(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,250.	6,150.	4,100.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):	65 -00	40 = 4 =	0.7.010	
а	Management	67,529.	40,517.	27,012. 2,697.	
b	Legal	2,697.		2,697.	
С	Accounting	17,460.		17,460.	
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 0.)	78,733.	78,733.		
12	Advertising and promotion				
13	Office expenses	2,889.	2,533.	356.	
14	Information technology	3,956.		3,956.	
15	Royalties	4 067		4 065	
16	Occupancy	4,267.	04 654	4,267.	
17	Travel	25,105.	21,651.	3,454.	
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	2 222			
23	Insurance	3,388.		3,388.	
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.)	33 350		32,350.	
a	EMPLOYEE DEVELOPMENT MISCELLANEOUS EXPENSES	32,350.		1,241.	
b	MEALS	525.	476.	49.	
C C	HEALD	343.	4/0.	47.	
d	All other expenses				
е 25	All other expenses Add lines 1 through 24a	250,390.	150,060.	100,330.	0.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	<u> </u>	130,000	100,330•	<u></u>
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 TONO WATER COLO 300-120)				Form 990 (2020

Form 990 (2020)

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1 Cash - non-interest-bearing 82,204 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 12,422 4 5 Loans and other receivables from any current or former officer, director,	(B) End of year 120,993.
1 Cash - non-interest-bearing 82,204. 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 12,422. 4 5 Loans and other receivables from any current or former officer, director,	End of year
2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director,	120,993.
2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director,	
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director,	
4 Accounts receivable, net 12,422. 4 5 Loans and other receivables from any current or former officer, director,	
5 Loans and other receivables from any current or former officer, director,	
trustee, key employee, creator or founder, substantial contributor, or 35%	
controlled entity or family member of any of these persons	
6 Loans and other receivables from other disqualified persons (as defined	
under section $4059(6/4)$) and paragraphed in section $4059(6/4)/(2)$	
7 Netes and leave respirable not	
8 Inventories for sale or use 8 Prepaid expenses and deferred charges	
9 Prepaid expenses and deferred charges 9	
3 Trepaid expenses and deferred charges	
10a Land, buildings, and equipment: cost or other	
basis. Complete Part VI of Schedule D	
b Less: accumulated depreciation 10b 10c	
11 Investments - publicly traded securities 11	
12 Investments - other securities. See Part IV, line 11 12	
13 Investments - program-related. See Part IV, line 11	
14 Intangible assets 14	
15 Other assets. See Part IV, line 11 15	100 000
16 Total assets. Add lines 1 through 15 (must equal line 33) 94,626. 16	120,993.
17 Accounts payable and accrued expenses 0 . 17	37,013.
18 Grants payable	
19 Deferred revenue 19	
20 Tax-exempt bond liabilities	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	
22 Loans and other payables to any current or former officer, director,	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 24 25 26 27 28 29 20 20 20 20 20 20 20 20 20	
controlled entity or family member of any of these persons	
23 Secured mortgages and notes payable to unrelated third parties 23	
24 Unsecured notes and loans payable to unrelated third parties 24	
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24). Complete Part X	
of Schedule D 25	
26 Total liabilities. Add lines 17 through 25	37,013.
Organizations that follow FASB ASC 958, check here	
and complete lines 27, 28, 32, and 33.	
27 Net assets without donor restrictions 27	
28 Net assets with donor restrictions 28	
Organizations that do not follow FASB ASC 958, check here	
and complete lines 29 through 33.	
δ 29 Capital stock or trust principal, or current funds 0 • 29	0.
30 Paid in or capital surplus, or land, building, or equipment fund 0 • 30	0.
31 Retained earnings, endowment, accumulated income, or other funds 94,626. 31	83,980.
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Paid-in or capital surplus, or land, building, or equipment fund 34 A B B B B B B B B B B B B B B B B B B	83,980.
33 Total liabilities and net assets/fund balances 94,626. 33	120,993.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,1				
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,3				
3	Revenue less expenses. Subtract line 2 from line 1	3		1,7				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	4,6	26.			
5								
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	-1	2,4	20.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B)) 10							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			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

2020
Open to Public

Name of the organization

GO to www.iis.gov/Formago for mistractions and the latest information

Inspection
Employer identification number

		SURV	IVOR ALLIA	NCE				8	2-4425458			
Pai	tΙ	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.				
The α	organ	zation is not a private found										
1		A church, convention of ch	•	·		•)(A)(i).					
2		A school described in sect i					λ λ,					
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization					-	(iii). Enter	the hospital's name.			
•		city, and state:	a.i.o., opolatoa .i. oo.	ijanionom mini a neopitali		000110	(2)(.)()	().	ine neophare maine,			
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental un	it describe	ed in			
		section 170(b)(1)(A)(iv). (C			o. opo.a.	, - g-						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
	X	An organization that norma	-					e general r	oublic described in			
•		section 170(b)(1)(A)(vi). (C	•	ntial part of its support if	om a gove	riiiiciitai		c general i	dablic described in			
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \							
9		An agricultural research org			•	ed in coni	inction with a l	and-grant	college			
5		or university or a non-land-g				-		-	-			
		university:	grant conege or agric	ulture (300 il 13ti uotioli3).	Litter tire i	name, only	, and state of t	ine conege	, 01			
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its sunn	ort from c	ontribution	ns memhershi	n fees and	d aross receipts from			
		activities related to its exem	•	• •					-			
		income and unrelated busin	•	· ·					-			
		See section 509(a)(2). (Con		(1000 000 tion of the taxy in o		occ acqui	od by the org	arnization c	artor dario do, roro.			
11		An organization organized a	•	vely to test for public sat	ety See	section 50)9(a)(4).					
12		An organization organized a	•	•	•			rv out the	purposes of one or			
		more publicly supported or	· ·	•	•			•				
		lines 12a through 12d that	•									
а		Type I. A supporting orga	* *					-	aivina			
		the supported organization	•	•	•	_						
		organization. You must o			,, -							
b		Type II. A supporting org			ion with its	s supporte	d organization	ı(s). bv hav	vina			
		control or management o	•				-		-			
		organization(s). You mus			•							
С		Type III functionally inte			in connect	tion with, a	and functionall	y integrate	ed with,			
		its supported organization	= ::					, ,				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its support	ed organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness			
		requirement (see instructi	ions). You must co r	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II	l, Type III				
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.						
f	Ente	r the number of supported o	organizations									
g		ride the following information			(iv) Is the oran	nization lietad			I (84) (84)			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of support (see in:	,	(vi) Amount of other support (see instructions)			
		Organization		above (see instructions))	Yes	No	Support (see in	Structions)	support (see instructions)			

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			72,700.	163,253.	206,648.	442,601.
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			72,700.	163,253.	206,648.	442,601.
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)						180,258.
6	Public support. Subtract line 5 from line 4.						262,343.
Se	ction B. Total Support			•			,
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	, ,		72,700.	163,253.	206,648.	442,601.
	Gross income from interest,				_	-	-
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			5,145.	15,973.	45,516.	66.634.
11	Total support. Add lines 7 through 10			3,220			66,634.
	Gross receipts from related activities,	etc (see instruction	ne)			12	000,2001
	First 5 years. If the Form 990 is for th	•		fourth or fifth tax v			
.0	organization, check this box and stop	•					\ X
Se	ction C. Computation of Publi						
	Public support percentage for 2020 (li			column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the o					ore, check this box	x and
	stop here. The organization qualifies						
k	33 1/3% support test - 2019. If the o						
	and stop here. The organization quali	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te					_	▶ □
	10% -facts-and-circumstances test	-			-	7a and line 15 is	
	more, and if the organization meets th	-					1070 01
	organization meets the facts-and-circu				-		▶□
1Ω	Private foundation. If the organization						
10	i invate iounidation. Il tile organizatio	n did not check a	DON OF HITE TO, TO	a, 100, 17a, 01 170		dule 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						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
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 business under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	,					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	d					
3 received from disqualified person	s					
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		•	•	•	'	
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesse acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on	S					
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 f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Pul	olic Support Pe	rcentage				
15 Public support percentage for 2020) (line 8, column (f), o	divided by line 13,	column (f))		15	
16 Public support percentage from 20					16	
Section D. Computation of Inv						
17 Investment income percentage for					17	
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2020. If t						7 is not
more than 33 1/3%, check this box						▶∟
b 33 1/3% support tests - 2019. If t	•			•	•	
line 18 is not more than 33 1/3%, c						. —
20 Private foundation. If the organiza	tion did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	> L

032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4a		
4b		
40		
40		
4c		
5a		
Ja		
5b		
5c		
6		
,		
7		
8		
9a		
9b		
9с		
30		
10a		
134		
105		
10b		

Par	t IV Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family 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			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	ruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu		•			
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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
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-function	ally integrated	d Type III supporting orga	nization (see		
	instructions).			•		

Schedule A (Form 990 or 990-EZ) 2020

Pai	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	inizations _{(continue}	<u>ed)</u>	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	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	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	•	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
<u> b</u>	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				
<u>h</u>	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
<u>a</u>	Excess from 2016				
<u>b</u>	Excess from 2017				
<u>c</u>	Excess from 2018				
d	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization	Employer identification number
SURVIVOR ALLIANCE	82-4425458

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) any one contribute	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
year, contributions is checked, enter purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

SURVIVOR ALLIANCE

82-4425458

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional contributors.	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization **Employer identification number**

SURVIVOR ALLIANCE 82-4425458 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person

023452 11-25-20

Payroll Noncash (Complete Part II for noncash contributions.) Name of organization Employer identification number

SURVIVOR ALLIANCE

82-4425458

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization **Employer identification number** SURVIVOR ALLIANCE 82-4425458 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

2020
Open to Public Inspection

Name of the organization

Employer identification number

STIE	RVIVOR ALLIAN	CE				82-442545	58
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organi		
	Form 990, Part IV	/, line 14b.					
1	=	-		ds to substantiate the amount of its gra			. —
	the grantees' eligibility for	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis	tance? X	Yes No
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and oth	ner assistance outs	side the
	United States.			· ·			
3				n be duplicated if additional space is n			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	rity listed in (d) gram service, specific type s) in the region	(f) Total expenditures for and investments in the region
			in the region				
ינוסר	PE (INCLUDING				FUNDING OPE	PATTONG OF	
	AND & GREENLAND)	0	0		SURVIVOR AL		84,143.
	· · · · · · · · · · · · · · · · · · ·						
		_	_				
	Subtotal	0	0				84,143.
a	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3b)	0	0				84,143.

032071 12-03-20

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Schedule F (Form 990) 2020

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	nization by the IRS, o	or for which the grantee of	ecognized as charities by the or counsel has provided a section			_		

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

	art 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.						
(a) Type of grant or assistan		(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

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

Schedule F (Form 990) 2020

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

SURVIVOR ALLIANCE

Employer identification number

SURVIVOR ALLIANCE	82-4425458				
FORM 990, PART VI, SECTION A, LINE 7A:					
SURVIVOR ALLIANCE UK HAS THE POWER TO ELECT DIRECTORS TO THE SURVIVOR					
ALLIANCE BOARD OF DIRECTORS.					
FORM 990, PART VI, SECTION B, LINE 11B:					
THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE THE 990 BEF	ORE FILING.				
FORM 990, PART VI, SECTION B, LINE 12C:					
BOARD MEMBERS ARE REQUIRED TO ANNOUNCE ANY CONFLICTS OF IN	TEREST WITH ANY				
NEW CONTRACTS AND/OR UPON JOINING THE BOARD.					
FORM 990, PART VI, SECTION C, LINE 19:					
THE GOVERNING DOCUMENTS AND FORM 990 FILINGS ARE AVAILABLE	UPON REQUEST				
FROM THE ORGANIZATION.					
FORM 990, PART IX, LINE 11G, OTHER FEES:					
OPERATION FEES:					
PROGRAM SERVICE EXPENSES	78,733.				
MANAGEMENT AND GENERAL EXPENSES	0.				
FUNDRAISING EXPENSES	0.				
TOTAL EXPENSES	78,733.				
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	78,733.				
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:					
PRIOR PERIOD ADJUSTMENT	-12,420.				

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

Schedule O (Form 990 or 990-EZ) 2020